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1903
R.N.
FEB. 1949

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Joan Bennett
says: "To keep my hands lovely, I *cream* them regularly...with Pacquins!"

Try their method—a 12-second hand massage with non-sticky, non-greasy

PACQUINS HAND CREAM

every morning...every night...and after hand-roughening scrubbings

PACQUINS was originally formulated for doctors and nurses to smooth their hands after constant scrubbings. Now this super-rich cream is the favorite hand beauty treatment of lovely stars, famous beauties...yes, the largest-selling hand cream in the world!

Pacquins soothes and softens rough, dry skin, yet leaves no unpleasant after-film. For soft, smooth, truly romantic *dream* hands, cream them regularly...with Pacquins!

ON SALE AT ALL COSMETIC COUNTERS IN UNITED STATES AND CANADA

MARION PUNCH, Registered Nurse, concurs: "I scrub my hands and then reach for my Pacquins and *massage*. About 12 seconds later, my rough hands are smooth again! Pacquins was first formulated for nurses and doctors."

ALSO:
for extra dry skin
RED LABEL PACQUINS CONTAINS LANOLIN

R.N. CONTENTS

february, 1949
vol. 12, no. 5

features

departments

cover credits

Photographer: Walter Herstatt

Cap and Pin: Alumnae of Minor Hospital Training School, Seattle, Wash.

Cape: Marshall Field, Chicago, Ill.

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In a recent coast to coast test of hundreds of people who smoked only Camels for 30 days, throat specialists, after weekly examinations, reported:

"Not one single case of throat irritation due to smoking CAMELS!"

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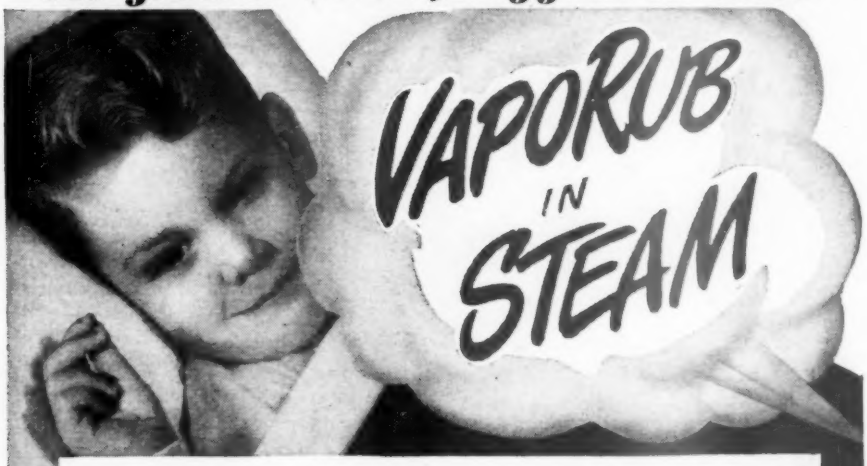

Physicians have long recognized menthol, thymol, camphor and oil of eucalyptus as effective medications for use in steam inhalation.

Because Vicks VapoRub contains all these volatilizing ingredients in a well-balanced formula, you do a real service to patients when you recommend its use in steam. Used this way, VapoRub provides soothing vapors that are comforting to a patient, particularly when dryness and irritation of the mucous membranes accompany the cold.

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A booklet written to help you

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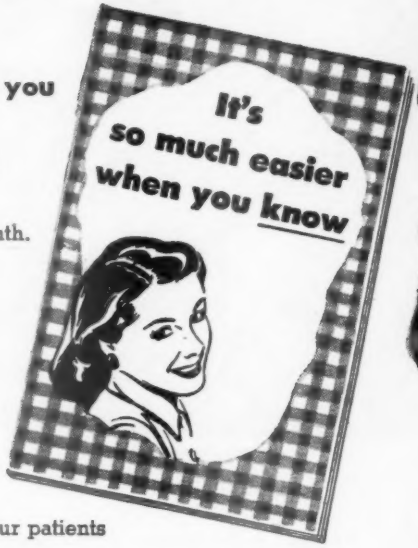
Is it safe to swim? Shower? What about cramps? Blues?

"It's So Much Easier When You Know"

It's for young girls
It's for older women
It's for you . . . for all your patients



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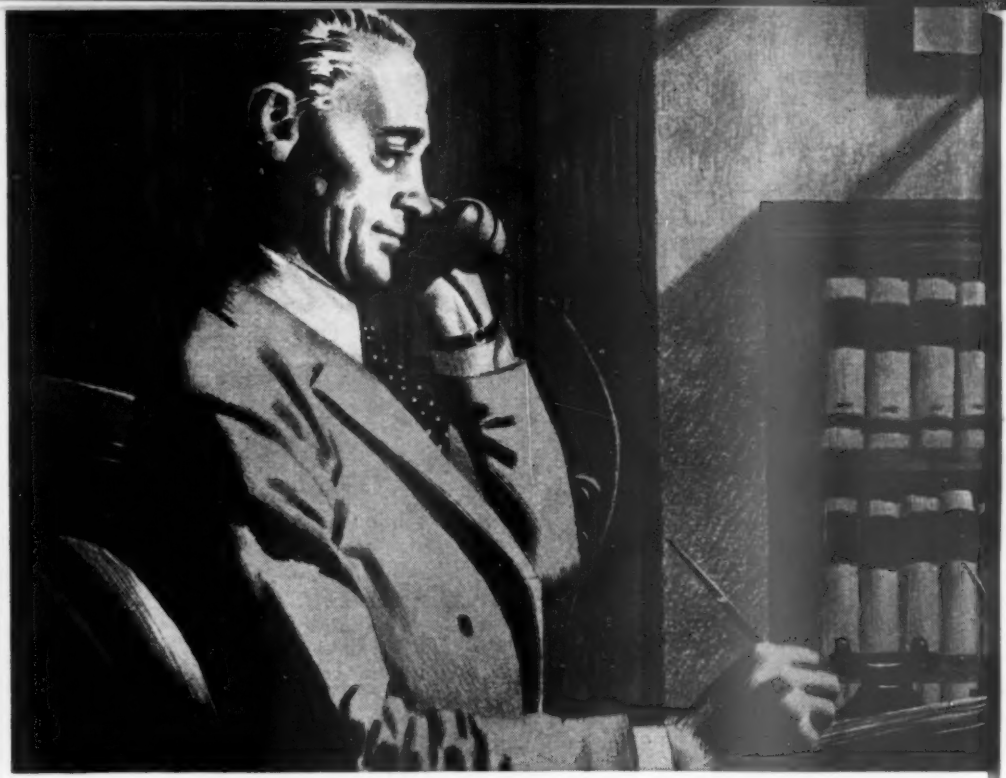

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DEBITS & CREDITS

A Thank You Note

Dear Editor:

I want to thank you for the publicity given our Dr. Leroy W. Yolton Library in the Philippines [R.N., June]. To date I have had over sixty replies. Although some material may be duplicated there are other needy hospitals in the Philippines which can use the books. We also hope to establish a student nurses' loan fund as a part of this memorial.

Some of your readers asked who Dr. Yolton was. He was a young doctor from this city who was killed by a sniper's bullet in Luzon on February 3, 1945. We thought this memorial a suitable way to honor this beloved physician.

ELIZABETH G. ABRAHAM
WITHERS PUBLIC LIBRARY
BLOOMINGTON, ILL.

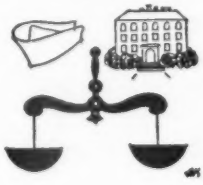
A Memorable Moment

Dear Editor:

Here comes another gripe but a subject for serious thought. To preface my complaint, I want to say first of all, I like my present position, a school nurse. But, because I got a whale of a lot of satisfaction out of visiting nursing in the old days, I decided to apply for a vacancy on a local visiting nurse staff under the jurisdiction of a good company. I answered the usual questions, describing my five-year public health background plus postgraduate credits in an accredited school. Then I waited for the great day of acceptance. I almost dropped dead when I read the acceptance letter. The quoted salary was $188.33 per month, $20 per month for car expenses and $80 every two years for uniform allowance. After the shock, I checked on the mailing date thinking it might have been written in 1939 or 1940 and delayed in the mails. It took me several days to recover but when I did, I wrote a terse note canceling my application.

What's wrong with the executive bodies of the various nursing services? Why can't they see to it that public health nursing and other fields are given salary scales commensurable with the rising economy of the present day? Consultants dwell on how nice it is to be a qualified nurse etc., but they don't take into consideration that the average nurse can't afford to drop everything and go to school. I availed myself of the G.I. Bill and have credits toward a degree in public health nursing, but today that grant doesn't stretch far.

I don't blame nurses for taking



jobs in factories for $70 per week. If I weren't a dyed-in-the-wool descendant of Florence Nightingale, I'd get out of the profession and be strictly for myself too. But I can't. There is something about my profession that makes me stick it out. Maybe I believe that as a school nurse, if I can prevent the children from being ill, I'd better do it, for at the rate nurses are working now, there probably won't be any nurses in the next few generations to take care of people. We might as well teach them young how to keep healthy.

R.N., MICHIGAN

Double-Duty

Dear Editor:

Please tell me why there is so little consideration for general duty nurses? I have recently returned to my training school as a staff nurse and am presently working on a male ward without an orderly. I am expected along with another R.N., to be cook, bottle washer, ice carrier, cleaning lady and nurse. On Sundays, the kitchen help and sweeping man are off so we must substitute for them too, which entails lugging the steam truck from the kitchen and sweeping the floors. All this in the name of nursing.

My salary is $165 per month but as our days off are paid for out of our salary, I do well to get $140. To me there is little interest or respect for the few graduates on the nursing staff. Office help and students get most of the attention. As an example,

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we asked for a staff meeting to be held once a month for suggestions and grievances but were told to call our own meeting.

The time is coming when every intelligent nurse will stop griping and take off her cap for good.

BERNADETTE M. GRAMMONT, R.N.
EVERETT, MASS.

Postscript

Dear Editor:

I have read Miss Geister's articles with interest but none really "hit home" as the article "Tomorrow Begins Today" [R.N., Aug.]. I am a charge nurse and appreciate the comment that the nursing shortage is due "to the ineffective use of nurses and the lowered output that goes with low morale."

No longer is there a feeling of satisfaction with work well done. Corners must be cut and there is only time for the essentials. Night after night I go off duty two to three hours late in order to get caught up. Also, the student is overworked and is fast losing sight of her goal in the urge to get her work done.

Nursing is going through a crucial period of "waking up." Since doing institutional work, I have become convinced that we are losing sight of the nurse's place—at the bedside. I believe that we should urge education for our graduates but of the postgraduate type in nursing specialties. This specialization will bring about a better type of nursing. I also believe that assistance should be

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Work comfortably in a uniform that anticipates all your needs . . . has two huge hip pockets, a smooth, set-in belt and buttons down the back. Have it in lightweight, long wearing nylon . . . or in serviceable poplin that's easy to care for. Can also be had with short sleeves if you prefer. Sizes 10 to 18, in white. Nurses Uniforms—Fifth Floor, South, State

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available to all of these nurses.

You see nursing is very dear to me. During my second year of high school I became ill and it was five years before I regained my health. I knew then that nursing was my goal. I became a nurses' aide part time while completing school. I was finally able to enter training through special permission of the State Board to live home so that I might keep house for my invalid mother. Then while working as assistant charge nurse, I enroled in a local college which I have been attending evenings for four years.

I majored in public health and have now finished my subjects except for four months' field work. This work entails an expense of nearly $1,000 which is impossible for me to pay without assistance, as my help is needed at home. So many nurses who are attending classes with me have the same complaint. The veteran is the only one receiving assistance.

If you know of any assistance for civilian nurses, will you be kind enough to inform me? When I am no longer paying tuition for school I hope to have the pleasure of saving the same amount toward a scholarship to help some girl achieve the satisfaction derived from nursing.

FLORENCE BRICKETT, R.N.
EAST ORANGE, N.J.

[*Information on scholarships and aid funds is available from the following sources: Director of Nursing Education of a college or university offering advanced courses in nursing education, Exec. Secretary of your*

state nurses' association, Director of Nursing Division, U.S. Public Health Service, Washington 25, D.C. The ANA, 1790 Broadway, New York 19, has issued a pamphlet "Educational Funds for Student Nurses and Graduates" which lists specific funds available for student and graduate nurses.—THE EDITORS.]

Tell Me Why

Dear Editor:

I would like to put the following questions up to **R.N.** readers.

1. Why is racial discrimination shown in appropriations for hospitals and nursing schools?

2. Why isn't there an effective teaching plan for patients who have been discharged from tuberculosis hospitals?

3. Why aren't professional registered nurses and practical nurses listed separately in 'phone books?

GARNET C. BRIDGES
PITTSBURGH, PA.

T.L.'s

Dear Editor:

I get more knowledge and interesting material from between your covers than from any other magazine of the kind.

Many thanks for the "lift" given to nurse anesthetists [**R.N.**, Nov.]. We would like lay people as well as professional people to know more about this special field in nursing and thereby have more faith in us.

ELVYRA E. BECK, R.N.
PITTSBURGH, PA.

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ne of our most popular numbers. Detachable pearl buttons from ack to waist. Grippers from waist to hem. French cuffs. Yoke ack for full freedom. Sizes 12 to 44.

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Another achievement in nylon smartness by White Rock. Unusual side effect lends a youthful appearance to this garment. Detachable pearl buttons run from neck to just below waistline. Smart French pocket and new type side pockets for added beauty. Yoke back for additional comfort. Sizes 12-42. Juniors 9-15.

THE ARISTOCRAT 1608K Long Sleeves 1609K Short Sleeves

The aristocrat of our nylon line. The 5 rows of tucking on each side of the waist give this garment that interesting look. Detachable pearl buttons from neck to hem. Truly a superior value. Sizes 12 to 44.

SPECIAL! ... FOR LARGER WOMEN

The Aristocrat may be ordered in extra sizes. 46, 48, 50 at $12.50.

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The rich dietary contribution made by three daily glassfuls of Ovaltine in milk, is outlined in detail in the table.

---

[1]Boss, E.P.: The Physiologic and Clinical Phenomena of Aging, New Orleans M. & S. J. 97:64 (Aug.) 1944.

[2]Spies, T.D., and Collins, H.S.: Observations on Aging in Nutritionally Deficient Persons, J. Gerontol. *1*:33 (Jan.) 1946.

[3]Steiglitz, E.J.: Therapy of the Aged, M. Ann. District of Columbia *17*:197 (Apr.) 1948.

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Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	676	VITAMIN A	3000 I.U.
PROTEIN	32 Gm.	VITAMIN B_1	1.16 mg.
FAT	32 Gm.	RIBOFLAVIN	2.0 mg.
CARBOHYDRATE	65 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12 mg.	COPPER	0.5 mg.

***Based on average reported values for milk.**

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Seamless Eveready Nurser. No need to touch sterile nipple! "Lift the Cap—Feed the Baby."

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And you can see which is *safer!* For you don't have to touch *any* part of the Eveready nipple after sterilization. At feeding time, simply "Lift the Cap—Feed the Baby!"

Eveready's pure gum nipple has a flat top (like Mother Nature)—and a dependable *valved* air-vent to reduce air-swallowing and "spit-up." The non-slip, non-roll bottle is *guaranteed* against heat breakage.

New mothers appreciate your recommending the *safer* and *simpler* Eveready nurser.

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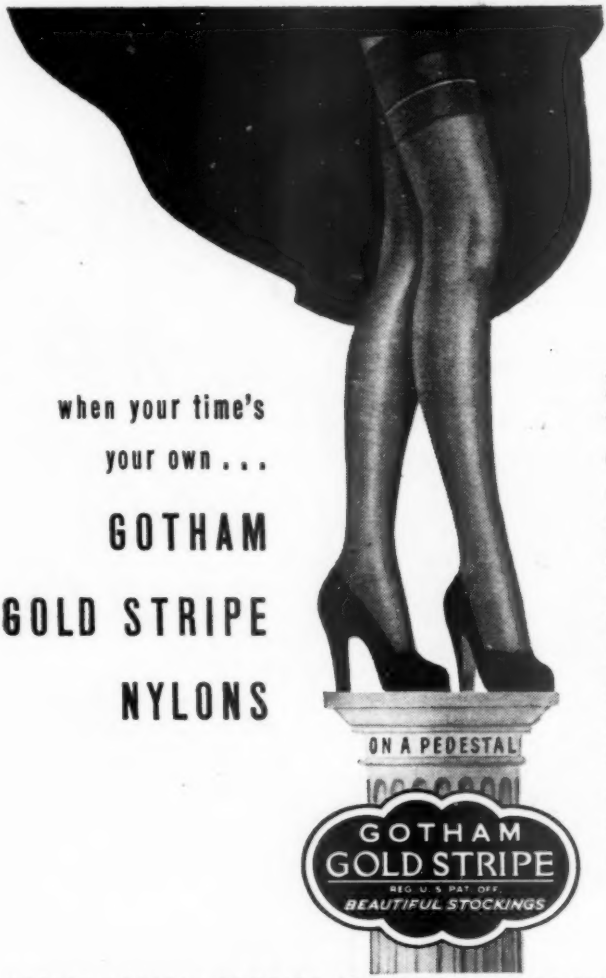

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SCIENCE SHORTS

An article in the *Military Surgeon* states that, when observed in 1947, most of the survivors of the Nagasaki atom bombing had returned to approximately normal, with only three cases of leukemia and one of multiple myeloma having been observed as occurring among the survivors. While keloid formations were not infrequent sequelae of flash burns, the incidence of keloids among the Japanese appears to be somewhat greater than among Caucasians, and no instance of true skin tumor has been observed among these patients.

*

An M.D. need no longer fumble in the dark when his 'phone rings at night. A robot ear which responds to the ring and turns on his light was demonstrated at the last AMA convention in St. Louis.

*

Aerosporin, a basic peptide produced by *Bacillus aerosporus* and found to be a selective gram-negative antibiotic, is discussed in *The Lancet*. In a test tube, aerosporin is found to be more discriminating in its activity than streptomycin. However, it is from ten to many hundred times more active than streptomycin against several gram-negative pathogens, particularly pertussis and B. coli. It has no action against the tubercle bacillus. Given parenterally, as it does not enter the blood stream from the alimentary canal, it disappears from the blood stream quickly; therefore, frequent doses are necessary. It is non-hemolytic, has a reluctance to produce resistant strains, and seems to have the same toxicity to leucocytes as penicillin.

*

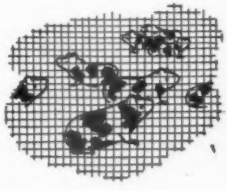
Washington urologists warn that about one man in every five over 55 years of age requires some type of surgery involving the genito-urinary tract.

*

About one out of every eight prematurely born babies weighing less than three pounds, goes blind between the second and sixth months of life, a recent study reveals. Drs. William C. and Ella U. Owens of Johns Hopkins believe that this condition, not congenital and not as yet understood, may arise from a metabolic imbalance resulting from the special diets, transfusions, and other therapies which prematures receive to maintain life.

*

Poor nutrition is responsible for a high incidence of infections, especially chronic, in children of low income families.



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Carnation is processed with *"prescription accuracy."* Every drop is produced in Carnation's *own* plants, under Carnation's *own* continuous supervision. Carnation Milk is evaporated, homogenized, enriched in vitamin D, and sterilized under rigid control. Constant tests, vigilant inspection are your guarantee that every can bearing the name "Carnation" meets the highest requirements of the medical profession.

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Style No. 813 by Barco of California. "Gibson Girl" model. Full-swing circular skirt, zip-fastening, action back. Peter Pan collar, sunburst tucks. ¾ length push-up sleeves. Sizes 10-18. $13.95.

Style No. 913 — same uniform in pre-shrunk sharkskin, $7.95

Style No. 925 by Barco of California. Button-down front, french tuck on blouse. Loose contour belt, convertible hi-low collar. ¾ length sleeves. Removable shoulder pads. Sizes 10-20. $14.95.

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R.N. Speaks: WILL JUST BEING G

THAT MAN NEEDS sustenance to survive is indisputable. Equally irrefutable is the recognition that his survival alone does not portend the positive continuation and growth of civilization. Before men had proof that there was more to living than just maintaining physical life, civilizations were born, thrived and then ruined by the actions of undisciplined individuals. And as man evolved, he benefited by his decadent history and came to the realization that life could not be lived on an entirely self-indulgent basis.

To save and enrich civilization, countries made laws of the land to govern and direct the activities of their people. These laws were primarily for protective reasons: to protect a country from people without, and to protect the people within from the unlawful acts of each other.

People are not born with the ability to get along with each other. They are educated to it. Educators and men and women of the church throughout the world are constantly striving to direct the individual's motivating force into a channel of right thinking—"right" in that based upon cumulative human experiences, this thinking conditions the individual to live harmoniously with his fellow men.

Each individual, through his teachings and environment, during his lifetime draws up a set of rules of his own that he considers his personal code of ethics. This guides him in his thinking and acts. Whether his standards are higher or lower than others in his society is reflected in his conduct.

In time, the individual, with his basic personal code of ethics, may become a member of a trade, business or professional group, which subscribes to its own form of ethical procedures. For the most part, professional codes are based upon the highest level of human conduct plus the expression of the ideals of that particular group. Written or unwritten, their intent is to raise the standards of members; therefore, respect for codal demands is essential to the growth of a profession. Enforcement of the standards, either by compulsion or persuasion, is extremely necessary if the profession is to be preserved. Physicians have had a written professional code of ethics since 1848, teachers since 1929. The nursing profession has formulated some basic principles of conduct that have been used to help nurses in their professional

problems which have been referred to as an unwritten code, but it has never come to an agreement on a formal written code. The ANA Committee on Ethical Standards has, from time to time, drawn up suggested and tentative professional codes which have been submitted to the membership for study and comment. The first suggested code was published in *The American Journal of Nursing* in August, 1926, another in September, 1940. Meanwhile, the need for a written code becomes more and more apparent to many within the profession.

Those who argue against the moral and educational value of a written professional code fear its inflexibility in an ever-changing society. They look on it as a set of unyielding rules and regulations, once crystallized on paper, forever binding. They believe that a loosely defined general understanding among the profession's members is a more satisfactory guide than an explicit code and, too, that there is less difficulty in its interpretation. The primary objection to a specific written code has been the possibility of mistakenly retarding nursing progress because to some, the questionable procedure may seem unethical where in truth it may be progress.

Living in a society such as ours, in a constant state of flux, there will always be a conflict between the old institutions and the newer demands but that does not mean that the danger points peculiar to our profession should not be clearly defined in writing to serve as a guide for new members. Professional etiquette may be appreciably modified as the character and outlook of the profession changes but the ideals of service and humanitarianism will never change.

In discussing a professional code, the importance of distinguishing between etiquette and ethics must always be kept in mind. Professional etiquette implies the conventional rules of decorum only, whereas a professional code implies a high standard of personal and professional conduct, and a constant loyalty to the profession. It is usually a common law or a collection of principles protecting the profession as well as the public. In a small organization with a selected membership, a written code can easily be considered unnecessary but, as the membership increases and more professional temptations are created, there needs to be a clearly defined [*Continued on page* 78]

CANDID COMMENTS—

DURING THE NEXT 10 years American nursing will be put to the greatest test in its history. It is in the weighing process now. On one side of the scales are opportunities beyond all precedent. On the other are problems the like of which no other profession has known. On trial is our ability to tip the scales in the right direction.

The measure of our leaders will be taken, but the real person before the court is the average nurse. "The movement of the mob is that of its slowest member," said Emerson. *Statesmen may set up objectives but Mr. Average Man sets the pace for action.* The path to world peace begins at his fireside. For example, it is futile for us to ask the public to take a greater responsibility in the support of nursing education if many nurses believe our present system needs no change. It is futile too to ask legislators to put teeth into our nurse practice laws if nurses do not understand and support these laws.

The average nurse's participation is essential both within and outside of the profession. You are the average nurse. You are our most potent interpreter to the public, for your daily work is with people—people of every circumstance. You are constantly in touch with our "public." Your actions, attitudes, opinions, knowledges, often set the standards by which we are judged—and supported. Your *right* attitudes, opinions, knowledges are living forces in the education of others whose informed opinion and support we so greatly need.

An industrial firm sent a $500 check to an industrial nurses association with these words, "We know the kind of work you are doing for we know the kind our nurses do." An influential citizen, one who has been in many hospitals, said, "Tell the nurse who helps me into my wheel chair what you want us fellows to know. If she's kind, and if she knows what she's talking about, you'll make a home run. Otherwise you won't get to first base."

Momentous decisions and actions will occur within nursing in the next few years. Nursing is vital in human welfare. The demand for it is growing; and we must grow with it, not only in numbers but in skills and knowledges.

Many signs point today to a breakdown in our present systems of preparation and practice. Medical science is travelling so fast that many

APATHY COULD BE HAZARDOUS

by Janet M. Geister, R.N.

of us do not fully realize how radically our practice has changed. Some doctors give nursing orders today that are so close to the practice of medicine that I wonder if the time isn't here to demand greater legal protection and authorities for the nurse? The move by the California State Nurses Association to provide malpractice insurance for nurses indicates the seriousness of the situation that now exists.

We are focusing major attention on nursing education. Why? Because it is the quality of our education that determines the quality of our practice. In our earlier days the art of nursing was learned largely through practice—book learning was incidental. But today it is the art *and* science of nursing, and book learning is very important. So is ward practice but not under the pressure of simply getting the work done. All our schools must be truly schools, on a par with other educational institutions. Some of them are, but too many are not.

About 1930 we had 2,200 nursing "schools" in contrast with less than 100 well standardized, tax and endowment supported, medical schools. Today we still have more than 1,200 nursing schools of which 95 per cent are still dependent upon hospital economics. The average nurse must understand what's back of the demand for "fewer and better" schools before we can move very far in meeting the greater, newer demands of the public.

The greatest single need before us today is a well informed profession. We know there are shortages in recruits and graduates—that too many students drop out. We know that the gap is widening between what the public needs from us and what we are able to provide. We know that nurses have gripes, many of them legitimate. But too many of us are unaware of the underlying reasons and of what needs to be done. We are even unaware of our own attitudes toward these things.

Our greatest obstacle is unawareness—unawareness of the true state of affairs on the part of the public, the doctors, the administrators, trustees, public educators and a large segment of our own nursing family. The public demands plenty of good nursing but is largely unaware of its responsibility in its production.

Doctors want good nursing but actually have little idea of what it takes to provide it. I agree with Dr. Brown—"Physicians too frequently know almost nothing and have little curiosity to learn about nursing education . . ." Yet rare is the doctor

who doesn't have opinions about nursing education! For 30 years I've been hearing about "over educated" nurses. The doctor who cried for a return to "Florence Nightingale's day of nursing" is presumably practicing medicine by today's standards. Could and would he use nursing of that vintage?

The administrator who scolded nurses who were late in distributing patients' newspapers, is unaware of what is nursing. And the nurse who objects to being a newsboy is also unaware if her objection is wholly that "delivering papers isn't my job." The average nurse will rise in righteous wrath at any implication that nursing isn't a profession, yet how many of us are fully aware of what it means to be professional? One of my friends, deeply concerned with the spirit of brotherhood, is writing a book on human relations. Says she, "The most important first step in establishing understanding between men is 'awareness.' I must be aware of how *I* feel toward my fellow man. We have an impact on every person we meet and deal with. Is my attitude toward people good or bad? Am I an enemy or a well-wisher? My own attitude must be right before I can help make others right."

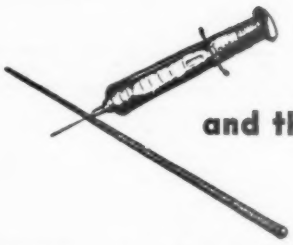
Over the phone I'm told of a nurse who is a candidate for a district presidency. She hasn't attended a meeting for two years though she works in the hospital where the meetings are held. What is her attitude toward her profession? Isn't she aware only of her own ambitions and her tight little world? An office nurse comes to see me. "What are 'they' doing about my low pay and long hours?" she asks. She won't join any organization until "they" do something for her. Is her attitude one of good or enmity? Isn't she a well-wisher only for herself? Yet the old law of compensation is inexorable. We cannot get unless we give.

Being aware is more than learning and reciting facts. Facts have value only when they compel us to action, when they penetrate our hearts as well as our minds, and become *our* job to do something about. We complain sometimes that it's hard to get the facts or that it's hard to get our crowd to do anything about them. If we're well-wishers we'll find ways of overcoming these obstacles. If we're well wishers we'll share what we learn with the people we meet in our day's work for we need their help. After all, nursing wasn't created to give nurses jobs but to help people get well and stay well. Your neighbor and mine has a vested interest in good nursing, and a responsibility therefore for helping us provide it.

If we're well-wishers we'll share what we learn with the doctors too for they need us and we need them. We're partners in this great enterprise of health. We can learn to be as frank with them as they are with us. The system of "ethics" that taught us only two words "Yes, Doctor" is obsolete outside of the sickroom. The perplexing and wonderful tasks before medicine and nursing today call for a greater sharing and a closer

[*Continued on page* 50]

MORPHINE



and the NEWER ANALGESICS

THE FIRST DESCRIPTION of opium appeared in ancient Chinese literature. Through the ages men have found in the dried juice of the white poppy not only surcease of bodily pain but strangely satisfying relief from emotional stress.

Thomas Sydenham, the noted physician, wrote in 1680, "Among the remedies which it has pleased Almighty God to give to man to relieve his suffering, none is so universal and so efficacious as opium." To a large extent this statement holds true today. Although the status of the principal opiate, morphine, has been seriously challenged by the discovery of rival analgesics, its time-tested power to suppress pain, its sedative qualities, its inexpensiveness and the rapidity of its action still make it the drug of choice in therapeutic medicine.

Morphine, the most important alkaloid of opium, was first isolated in 1805 by the German apothecary, Serturner. In the same century, codeine and papaverine were discovered. In the present century we have over twenty natural and synthetic alkaloids of opium.

The alkaloids may be divided chemically into two distinct groups: those with a phenanthrene nucleus (morphine, codeine, dilaudid and heroin) having analgesic and narcotic properties; and those with an isoquinoline nucleus (papaverine, narcotine) which dilate smooth muscle tubes.

The varying physiological effects of the morphine-like alkaloids are due to the addition of different chemical groups or side-chains to the basic phenanthrene nucleus. For example, codeine and dilaudid produce less narcosis than morphine, and heroin causes increased respiratory depression and euphoria. Because morphine surpasses other related alkaloids in its over-all beneficial effects, it may be used as an appropriate basis of comparison for the newer analgesic drugs.

Therapeutic doses of 10 to 15 mg. create a lack of attention to sensory stimuli such as cough, fear and particularly pain. A patient receiving morphine perceives pain but appears to be dissociated from it; he usually proceeds to an enjoyable dreamy state called euphoria where he may have hallucinations; then under the hypnotic power of the drug, he drifts into a deep sleep.

Morphine is commonly used for severe pain in migraine, fractures, angina pectoris, surgical conditions, renal and [*Continued on page* 70]

by Frances Lewis, R.N.

DRUG DIGEST

DIHYDROMORPHINONE HYDROCHLORIDE U.S.P.

Subject To The Harrison Narcotic Law

PROPRIETARY NAMES: Dilaudid

PHARMACOLOGY: Dilaudid, a synthetically prepared alkaloid with chemical formula similar to morphine acts like morphine by depressing the pain-perceiving mechanism and the respiratory center. It is about 10 times as powerful as morphine in its analgesic effect but analgesia is of shorter duration. It produces increased respiratory depression, less nausea, vomiting and constipation. Because of its lower hypnotic action, barbiturates are sometimes given with it to induce sleep. Tolerance is more slowly developed than with morphine and there is less danger of addiction. It is used for severe pain occurring in inoperable cancer, some surgical conditions, renal colic, cardiac disease and urological procedures and is effective in suppressing cough reflex.

DOSAGE: Since dilaudid is five times as toxic as morphine, smaller doses are necessary. 2.5 mg. is the usual oral dose although 1.2 mg. will generally control a cough. 2 mg. s.c. is slower in action than morphine and can be given every three to six hours. If more gradual action is preferred, 2.5 mg. in cacao butter rectal suppositories are available. Dilaudid should be preserved in tight light-resistant containers.

UNTOWARD ACTIONS: Contra-indications are the same as for morphine: head injuries and other conditions where respiration is abnormally low. Nausea, vomiting and constipation sometimes occur. It is definitely habit-forming but symptoms due to its removal are not so intense as those occurring from morphine withdrawal.

MEPERIDINE HYDROCHLORIDE N.N.R.

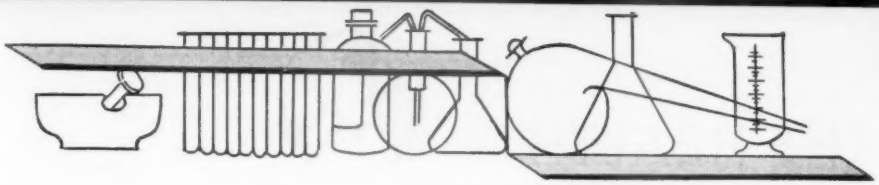
Subject To The Harrison Narcotic Law

PROPRIETARY NAMES: Demerol

PHARMACOLOGY: Demerol is a synthetic analgesic with structure chemically similar to atropine. It has an atropine-like action in relaxing smooth muscle and an analgesic action almost comparable to that of morphine. Unlike morphine it does not produce deep narcosis, constipation and vomiting and there is less chance of respiratory depression. It is used to reduce spastic pain of renal, biliary and gastro-intestinal colic, bronchial asthma and angina pectoris; it also gives relief in hypertensive headache, cancer, arthritis and chronic nerve pains. Employed pre-operatively and postoperatively it controls apprehension, restlessness and pain. It is used obstetrically without causing respiratory depression in mother or child. Amnesia results from its administration with scopolamine or barbiturates.

DOSAGE: 100 mg. of demerol equals approximately 10 mg. of morphine. 50 mg. tablets are dispensed for oral use. Solution for I.M. injection is available in vials or ampules, 50 mg. or 100 mg. in 1 cc. The action, lasting from one to three hours, takes effect by oral route in 20 to 60 minutes, by I.M. injection in about 15 minutes.

UNTOWARD ACTIONS: Since there is possibility of respiratory depression, it is contra-indicated for patients with intercranial lesions. Excessive and therapeutic doses may cause mouth dryness, diaphoresis, uncoordinated movements and convulsions. While not as habit forming as morphine there is some danger of addiction with continued use.



METHADONE N.N.R.

Subject To The Harrison Narcotic Law

PROPRIETARY NAMES: Amidone, Diaminon, Dolophine, Adanon.

PHARMACOLOGY: Methadone is a synthetic analgesic compound differing chemically from morphine. In experiments using scientific methods for measuring the threshold of pain it was shown to be three times as effective as morphine and 30 times as potent as demerol for analgesic purposes. Lack of sedative action makes it inappropriate for pre-operative use. Like morphine it causes respiratory depression, nausea, vomiting and constipation. It is used therapeutically for postoperative pain, arthritis, anginal pain, neuritis, and bulbar and spinal poliomyelitis and for diseases such as cancer requiring pain relief for an extended time. It is an effective substitute in opiate addiction and suppresses cough reflex in pertussis, advanced pulmonary tuberculosis and bronchiogenic carcinoma.

DOSAGE: 10 mg. of methadone is as effective as 15 mg. of morphine or 150 mg. of demerol. Oral tablets of 5 mg. take effect in 30 minutes but generally cause nausea and vomiting; parenteral doses take effect in 15 to 20 minutes and may produce severe skin inflammation at injection site. For cough relief it is given in elixir form, 5 mg. per teaspoonful. Effects usually last from three tc four hours but may extend to 10 hours.

UNTOWARD ACTIONS: In a study of 400 patients, 13 per cent showed untoward effects of nausea, vomiting, mouth dryness, diaphoresis, dizziness, weakness and mental depression. Tolerance, dependence and addiction may develop. The over-all effect of methadone seems to satisfy morphine and heroin addicts.

METOPON

Subject To The Harrison Narcotic Law

PHARMACOLOGY: Metopon closely related chemically to morphine and dilaudid has been found to possess twice the analgesic action of morphine with less hypnosis, less respiratory depression and no significant emetic or intestinal effects. Tolerance is developed less rapidly and disappears quickly. Used in an extensive research program among cancer patients it was found especially effective in controlling pain of terminal cancer. Previously restricted by National Research Council to patients with chronic painful diseases, it now may be prescribed for all types of severe pain.

DOSAGE: Metopon is only available in 3 mg. capsules for oral use. 6 mg. as compared to 10 mg. of morphine is considered the minimal effective dose for suppressing pain. If the patient has not developed dependence on another narcotic drug it takes three to four months for him to develop metopon dependence. (Morphine creates dependence in about a month.) The initial dose does not have to be increased for six months. Because tolerance disappears quickly it is advisable, whenever possible, to withdraw the drug for 12-hour periods.

UNTOWARD ACTIONS: Metopon is contra-indicated as pre-operative medication because of its low hypnotic action and should never be used with inhalation anesthesia for there is danger of extreme respiratory depression. Nausea, restlessness, headache, diaphoresis, mouth dryness and burning sensation in throat and stomach are generally symptoms of minor importance.

THE HEALTH   of NATIONS

by Effie M. Wood,
Research Associate*

HOW DOES THE METHOD OF FINANCING MEDICAL CARE AFFECT THE HEALTH STATUS?

HEALTH INSURANCE has grown rapidly in recent years. In view of the widespread interest aroused by proposals for a compulsory system of health insurance, it may be well to inquire into the effect which different systems of paying for medical care have had upon the health of nations throughout the world.

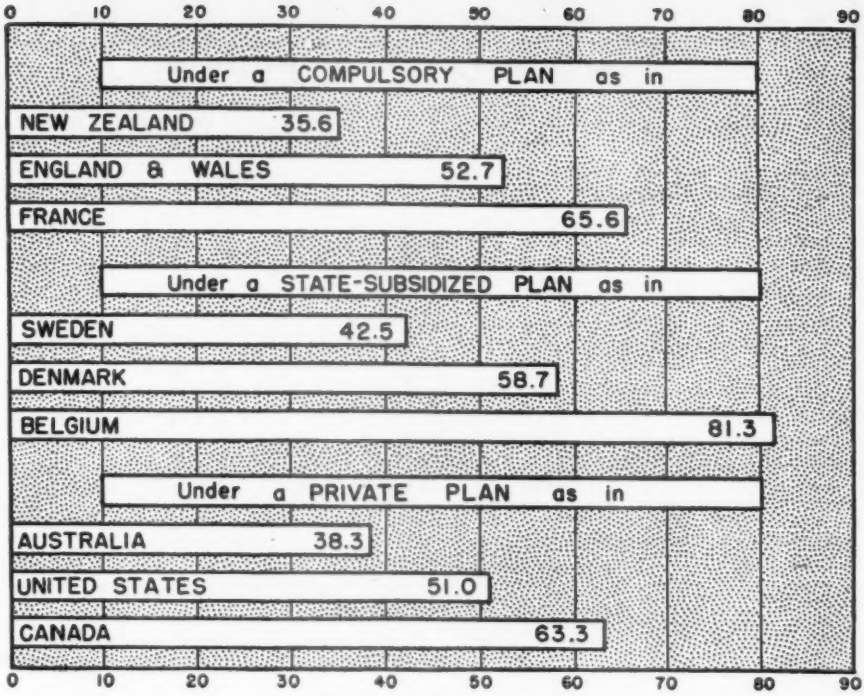
In essence, health (or more accurately, sickness) insurance is a device for spreading the costs of medical and health service through the payment of regular premiums or contributions. When the insured member becomes ill, the funds built up by his and other members' contributions pay for his medical and/or hospital care, or may pay him cash benefits.

In most European and Latin American countries, health insurance is compulsory. The systems are set up by legislation, and administration is controlled by the government. Premiums are paid through payroll deductions, or through income or other taxes. Here in the United States, health insurance is almost entirely on a private, voluntary basis. We have the private fee-for-service system of financing medical care, where the physician or hospital is paid directly by the patient or by a voluntary health insurance scheme. The individual may choose to join—or not to join—any of a number of different plans. With a few exceptions* government does not participate either in administration or collecting contributions.

There is also an intermediate type of system for financing medical care, found in a few European countries. There, membership in a health insurance plan is voluntary but the government encourages the growth of such plans, controls their activities

*Reprinted through the courtesy of the Research Council for Economic Security.

*There are four systems of compulsory sickness compensation in the United States, for workers covered by unemployment compensation in Rhode Island, California and New Jersey, and for railroad employes. Under these programs workers absent from employment due to illness are eligible for sickness unemployment benefits, paid weekly or daily.



RATES OF INFANT MORTALITY, 1938

Infant mortality rates are the number of deaths among infants under one year of age per 1000 live births.
New Zealand and Australia do not include non-whites, while the United States figure includes all races.
Source: U.S. Public Health Service, Summary of International Vital Statistics 1937-1944, Washington, D.C.

through regulations, and subsidizes part of their costs out of general tax revenue.

Health insurance and health

The following charts show two common indices of health in nine countries representing three different types of financing medical care. Compulsory health insurance countries are represented by England and Wales, New Zealand, and France. The private fee-for-service countries are the United States, Canada and Australia. The government-subsidized voluntary plan countries are Sweden, Denmark, and Belgium. It should be noted that the figures shown are for prewar years, for Australia, Sweden, and Belgium have recently enacted legislation to make health insurance compulsory.

The indices used are infant mortality rates and male life expectancy at birth. Prewar figures are given to avoid any distortion arising from wartime conditions. Despite certain

DEATH RATES FROM SELECTED CAUSES, 1937-1938[1]					
COUNTRY	Crude Death Rate[2]	Infant Mortality[3]	Contagious & Infectious Diseases[4]	Tuberculosis, All Forms[6]	Maternal Mortality[6]
COMPULSORY PLANS:					
New Zealand	9 4	33.4	9.3	39.3	3.9
England & Wales	12 0	55.2	14.5	64.8	3.5
France	15.2	65 5	11.3[7]	120.4[7]	2.2[7]
SUBSIDIZED PLANS:					
Sweden	11.8	43.9	4.7	84.2	2.8
Denmark	10.6	62.4	7.1	42.6	3.3
Belgium	13.2	82.1	15 9	69.7	3.9
PRIVATE PLANS:					
Australia	9.5	38.2	8.5	39.4	4.7
United States	11.0	52.7	10.8	51.5	4.7
Canada	10 0	69.6	18.9	57.8	4.6

1 Average of rates for two years.
2 Deaths per 1000 population. Not adjusted for age distribution.
3 Infant deaths up to 1 year of age per 1000 live births.
4 Deaths per 100,000 population from typhoid and paratyphoid fever, scarlet fever, whooping cough, diphtheria, and measles. Influenza is not included because of wide fluctuation during epidemics.
5 Maternal deaths from all puerperal causes per 1000 live births.
6 Deaths from tuberculosis per 100,000 population.
7 1935-1936. Data for 1937-1938 not available.
Source: U.S. Federal Security Agency, Public Health Service, Summary of International Vital Statistics 1937-1944, Washington, 1947.

shortcomings* these two indices were chosen as perhaps the best over-all indication of national health because they are not affected by specific health or disease problems peculiar to any given country. Australia is included in the voluntary group, and Sweden and Belgium in the group with government-subsidized voluntary plans.

The statistical evidence in the charts shows little variation in the range from high to low among the three groups of countries. The system of paying for medical care does not in itself appear to play the major role in the health of the nation. More important are the fundamental standards of living and working within each country.

Among the factors which appear to have a more direct effect on health than the method of financing medical care may be the following:

Medical facilities and public health measures

The quality and quantity of medical care are important. The countries with the best health records are those with an adequate number of doctors, nurses and hospitals. Public health agencies have an important role in sanitation, immunization and communicable disease control, preventive measures, and the dissemination

*Infant mortality rates are the number of deaths among infants under one year of age per 1,000 live births. The data may not be entirely accurate in all countries because of incompleteness of registration either of births or infant deaths. Male life expectancy is the average number of years remaining for infants at the time of birth. Methods of computation may vary somewhat in the different countries, but the data are believed to be approximately comparable.

of health information. The countries which lead in health are those which vigorously sponsor public health measures, regardless of the method of financing medical care for the individual citizen.

Nutrition

Good health is impossible without adequate nutrition. The healthiest countries are those which produce enough food so that their people enjoy a varied, abundant diet, such as in Sweden, Denmark, New Zealand and others. Countries which must import much of their food face a handicap.

Standards of living, wealth and culture

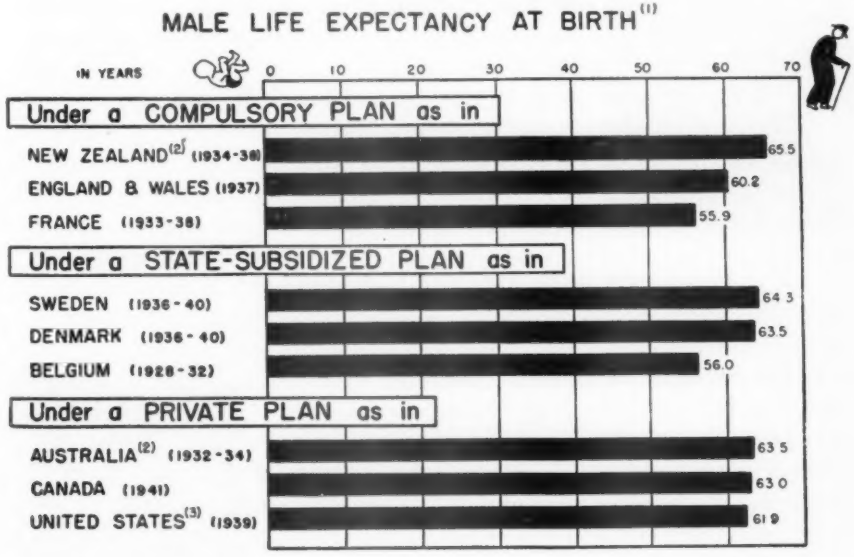
Countries leading in health are those with comparatively high living standards, high average wage levels, good housing and widespread popular education. Wealth, living standards and culture are closely interrelated. In the favorably situated nations, the masses of the population live well above the subsistence level, and enjoy some leisure.

Where illiteracy and indifference have been reduced to a minimum, the majority of the people are conditioned to accept and to cooperate with advances in health practices.

Climate

Although the climates of the small countries with the best health records vary from each other, all are in the temperate zone, and none has extreme variations of climate within

[*Continued on page* 53]



SOURCE: U.S. PUBLIC HEALTH SERVICE

(1) AVERAGE LIFE EXPECTANCY FOR MALE INFANTS AT BIRTH. LATEST PREWAR ESTIMATES. DATA ARE NOT STRICTLY COMPARABLE BECAUSE OF DIFFERENCES IN METHODS OF ESTIMATION AND DIFFERENCES IN YEARS.

(2) EUROPEAN POPULATIONS ONLY; EXCLUDES ABORIGINALS.

(3) ALL RACES; CORRESPONDING FIGURES FOR WHITE ONLY ARE 62.5 AND NON-WHITES 52.1 YEARS.

Phot-O-pinion

The third in a series of exclusive pictorial reader-interviews on issues of interest to the nursing profession.

Question:

If the nursing profession were to adopt a specific written code to define clearly the legal difference between the practice of medicine and the practice of nursing, what one point would you recommend be included?

Phot-O-pinion

G. E. Buda, M.D., *Bridgeport, Connecticut.*
«That the 'prerogative of prescribing' is distinctly the realm of the physician is my recommendation. The position of the nurse however is sometimes trying in that she must remain and watch the patient react to that which has been prescribed. Ofttimes she is tempted perhaps to wish that other orders had been written. Here, she must console herself with the thought that ofttimes, too, the doctor has reason for not prescribing the usual treatment in a given case at a certain time. However, a nurse's suggestions are often valuable, and her cooperation indispensable.»

E. G. Collins, M.D., *West Allis, Wisconsin.*
«If a specific written code for the nursing profession should be adopted, the point I would stress is the refraining from offering diagnosis, even though a disease may seem very apparent.»

Frank Eskridge, M.D., *Atlanta, Georgia.*

«The Medical Practice Act of Georgia clearly defines the practice of medicine as the holding of one's self out to the public as being engaged in the diagnosis or treatment of all medical and surgical conditions of human beings, or the suggestion, recommendation or prescribing of one form of treatment for the intended palliation, relief or cure of any physical, mental or functional ailment or defect of any person with the intention of receiving therefor, either directly or indirectly, any gift, fee, or compensation whatever. The licensed nurse is granted those privileges and responsibilities incident to executing doctors' orders. The premises of the two professions are so demarcated there could hardly be any one point to include except to stay upon the legal reservation of the respective profession.»

Leslie French, M.D., F.A.C.P., *Washington, D.C.*

«It seems to me that any formula calculated to differentiate between the practice of medicine and the practice of nursing, should include consideration of the following:

«The practice of medicine calls for proficiency in comprehending, diagnosing, prescribing for and managing all forms of human disease and suffering.

«The practice of nursing calls for proficiency in executing certain important items included in the physician's prescription and management regimen.»

Harold M. Holden, D.D.S., Ph.D., M.D., *Los Angeles, California.*

«A code that would clarify the legal difference between the practice of medicine and the practice of nursing would have to recognize that both are on the same team. The physician, trained in theory, makes the diagnosis and prescribes the regimen. The nurse actually performs and applies this knowledge skillfully under the direction of the physician.»

BIBLIOTHERAPY *for* NURSES

by Marion Wefer, R.N.

■ PHYSIOTHERAPY, PSYCHOTHERAPY, electrotherapy, occupational therapy, bibliotherapy—sometimes nurses wonder how much longer the list will grow. But lest some readers shy away before they reach the second paragraph, let me hasten to explain that I am speaking of the therapeutic value of certain books applied to nurses themselves.

Is there any good reason why bibliotherapy for nurses should not be studied and planned with the same impartial logic that we long to see applied to dietetics, housing and salaries for nurses? Is it too impossible a dream to see this newly-discovered patient remedy practiced by and for nurses?

I was made more aware of the need for a good reading program as I walked through a ward and watched the turning pages of the patients' books. Practically everyone was reading the same current best seller. This had all the dubious possibilities of a "shot-gun" prescription. Common sense assured me that not all of them would enjoy it. Books should be given in fitting dosage: stimulating adventure tales for some; sedative, [*Continued on page* 88]

Wallace Litwin

READ YOUR WAY TO HEALTH

by Alexis Wilson, R.N.

AT FIRST GLANCE, it appeared to be an ordinary prescription slip, bearing the store's name, address and telephone number. A prominent general practitioner had signed it. But closer examination revealed that the prescription written thereon was unusual in form and content. The words were in English and read: One copy *How Never to Be Tired* by Marie B. Ray; Rx: 10 pages per day.

The smartly dressed woman whose manner and face fairly shouted fatigue handed it to the clerk in the book store who read it without comment, took a book from the shelf, wrapped it and gave it to her. As he did so, she remarked, "This is the first time I've tried bibliotherapy. I hope it works as well as my doctor says it will."

"It works, all right," answered the smiling clerk. And he was right. It does work.

Bibliotherapy means just what it says: treatment with books. It is used as a first hand means of acquainting the patient with the possible origin of his problems, the reasons for their growth, and what can be done to straighten them out. As the patient reads, he associates himself with the person and the problems about which he is reading; he learns to view himself objectively and see his problem in its entirety. If the patient is of average intelligence and takes his reading seriously, he becomes in a way his own counselor and, with the help of his doctor who guides and explains the reading, he will be able to effect his own cure. The patient, by means of bibliotherapy, actually reads his way to better mental health.

Almost everyone has emotional upsets and problems which range in nature from extreme fatigue to perplexity about sex and love problems. Often these upsets are just big enough to cause only occasional irritation, but sometimes they snowball into immense proportions and become a dominating, unbearable load. In either case, bibliotherapy can help if it is approached with understanding and under the guidance of a doctor who knows exactly what he is doing.

Let's follow the case of the individual who had a prescription for a copy of *How Never to Be Tired.* She is a busy, successful woman attempting to combine marriage with a career. Of necessity she is very active socially and her daily calendar at the office is filled to the bursting point. She has always had

compatible relationships with her husband and friends. Recently she has begun to feel vague aches and pains, has insomnia and a decided lack of energy; she is more tired when she gets up in the morning than when she goes to bed at night. Usually even-tempered and considerate, she has now become irritable and moody. She feels unable to cope with the demands of the job she has heretofore been able to handle with efficiency and ease. She is reluctant to give up her career because she likes the work and has been very contented and happy doing it. Therefore, she hies herself off to the doctor to try to find out what is the matter.

Her doctor, a general practitioner, gives her a complete physical examination, the results of which show that the patient is in good health and there is no physical basis for her complaints. After careful questioning and consideration the doctor decides that this woman needs to know how to relax, how to take advantage of the free minutes she has each day, how to use her leisure time to advantage both for her entertainment and her mental health. He has at his disposal several books he believes will help this woman overcome her problem.

He may prescribe any one of the following: *How Never to Be Tired* by Ray, *You Must Relax* by Jacobsen, *Release from Nervous Tension* by Fink, and others of like nature. He knows his patient and he knows his books so he chooses the one he thinks will be most likely to achieve the purposes he wants. After choosing the book, the doctor recommends that she read 10 pages of it each day and requests her to return to his office at reasonable intervals to discuss her success in applying the advice offered in the book. By this method, the patient will get the most out of self-counseling; save the money it would have cost for long hours of professional advice; and also save her doctor many hours of time that could well be used in caring for acutely ill patients.

To make the prescribing of books as accurate and exacting as the prescribing of drugs, the doctor must know the books he recommends as well as the complaints and background of the patient for whom he chooses them. However, this relatively general counseling by the doctor must not be confused with the specific bibliotherapy technique as observed in the office of the psychiatrist. The psychiatrist uses bibliotherapy in the same manner as the general practitioner, but his patient relationship is much closer, involves a deeper analysis and much more specialized observation of the patient, for he is attempting to procure a definite change from a state of abnormal mental health to one of normal mental health. The author, therefore, makes no effort to go into bibliotherapy as applied to persons suffering from serious mental illness, i.e., schizophrenia or paranoia. Rather, it is intended to clarify the use of books in solving the uncomplicated but irritating problems that beset the average person. [*Continued on page* 48]

LAUNDRY OR LEISURE?

A BUSINESS LEADER analyzing reasons why men often hold better positions than women said, "A man is through working when he leaves the office, which gives him his evenings for rest or for stimulating outside experiences. A business woman frequently goes home to cook her own dinner, clean her own apartment, and launder her accessories. Perhaps that is one explanation of why a man may have more zest for a career."

The president of a visiting nurse board remarked, "I do think the average nurse is too tired when she goes home at night, and still has to wash out her collars and cuffs, to do very much heavy reading." Still a certain amount of "heavy reading" is definitely required if a nurse is to wade through the current reports on organization studies and collective bargaining and come out with constructive ideas for promoting the nursing profession.

Sending laundry out may furnish the extra night a week to do that reading or perhaps to attend a post-graduate course. Private duty nurses often find that laundry service more than repays them in just relaxation.

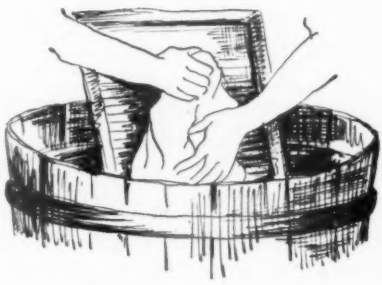
Perhaps the board or hospital can be persuaded to launder collars and cuffs. An increasing number of hospitals are providing or improving existing laundry services as the need has become more apparent.

One visiting nurse service found that the butcher-style aprons which public health nurses wear over their navy blue uniforms when giving bedside care were especially expensive to launder. They asked the laundry why, and found that the long, wide sashes were the reason for additional charge. Reducing the ties to one inch width, and shortening to the minimum indicated by actual studies, made an appreciable difference in laundry cost.

An alumnae association, at last aroused by years of tucking cotton inside the collars of fresh uniforms to keep the heavy starch from chafing necks, made a laundry study. Their first contribution was to institute lighter starching which made chafing less common. Their second suggestion was for a redesigned collar which eliminated discomfort.

It's time to stop and reconsider when apparent economies become real expenses. Rearranging off-duty obligations can often allow a nurse more days of actual nursing or more leisure. Laundry is one thing that can be taken off a crowded calendar.

—RUTH B. SCOTT, R.N.



REVIEWING THE NEWS

▶ HEALTH BILLS by the score, dealing with medical care, hospitalization and public health are among the 1,500 measures introduced during the first week of the 81st Congress. In his first message to Congress, President Truman strongly urged enactment of national health insurance, which is on the legislature calendar in the form of the Wagner-Murray-Dingell bill (reintroduced as S.5 and H.R. 783), and an identical bill submitted by Rep. Celler (D.) (H.R. 345).

▶ RECRUITMENT OF ANC RESERVES for active duty is the subject of a nation-wide cooperative campaign of the ANA and the Surgeon General's office, to be completed by June 30, 1949. To avoid stripping any area of its nursing force during the period of expansion, the drive is based on a plan of state quotas, which range from 25 nurses in a state with the population of Nebraska, to 500 with states having as many nurses as New York and Pennsylvania. The eight states not assigned a quota had less than 2,500 licensed R.N.'s in 1947.

▶ THE "HOOVER REPORT," issued by the Committee on Federal Medical Services, charges the Federal Government with waste, duplication and lack of planning in the field of medical care. Forty-four Federal agencies are said to have spent more than a billion dollars in 1948 to care for some 24 million persons (about one sixth of the population), many of them civilian dependents of military personnel. It charges the VA with spending as much on medical services as all other Government branches combined, and of building un-needed new hospitals at a cost of from $20,000 to $30,000 per bed, as compared with an average $16,000 for private hospital beds. Finally, it recommends that all Federal hospitals be turned over to the prospective "Department of Human Resources."

▶ WORLD'S NEWEST LEPER COLONY is on Tinian Island in the Pacific (where the atom bombs for Hiroshima and Nagasaki were loaded on bomber planes). The colony is under the direction of Lt. (j.g.) Jack W. Millar, USN. Dr. Millar's main interest is in the infected children, some of them only three or four years old, who contract the disease from long association with diseased adults. Most obvious symptom is the crooked little finger, early sign of bone retraction. Mrs. Millar, who is an R.N., is joining her husband and they plan to bring up their first child on Tinian. Thanks to modern drugs, leprosy has been completely controlled in some areas where it was once rampant, such as Scandinavia.

and has been greatly limited in Hawaii; there the number of annual admissions to Molokai leper colony has been reduced from 139 to 25, despite a 10 per cent increase in the population.

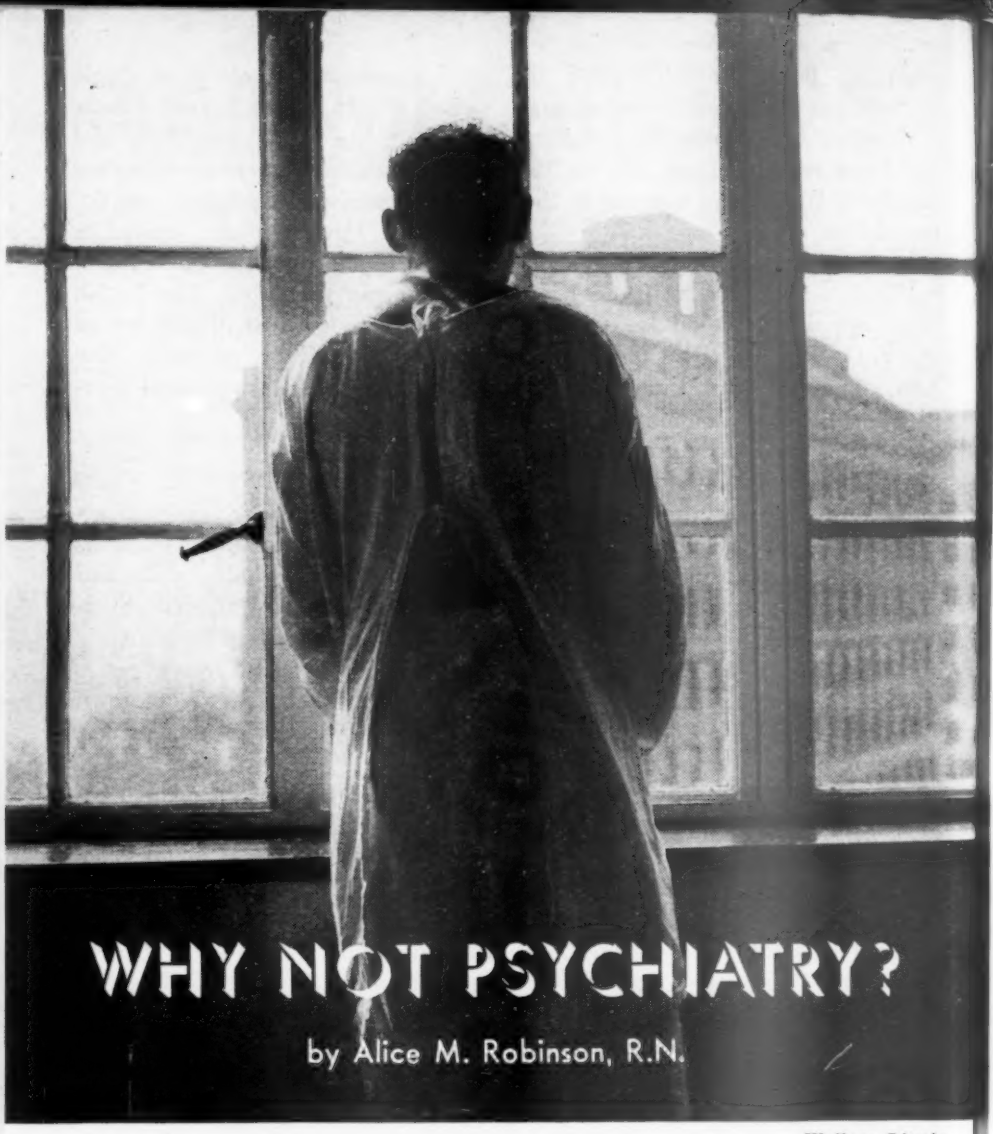
▶ FOUR CIVILIAN NURSES have been appointed to advise Colonel Mary G. Phillips, Director of the ANC. They are Mrs. Lulu St. Clair Blaine, Michigan Community Nursing Center director; Agnes Gelinas, NLNE president; Katharine J. Densford, former ANA president; and Ella Best, ANA executive secretary. They will be consulted regarding procurement, education, administration and other matters affecting nurses in the service.

▶ NATIONAL INVENTORY OF R.N.'s is underway. At the request of the National Security Resources Board, the ANA is surveying the 48 states and territories of the U.S., in an attempt to estimate the total nursing personnel available for civilian and military needs, should an emergency situation arise. Once completed in June, 1949, it is hoped to keep the information up-to-date through periodic checks with state boards of nurse examiners. The National Association for Practical Nurse Education is also participating in the inventory.

▶ A NEW COMPULSORY HOSPITAL plan went into effect in British Columbia (Canada) on January 1. Sponsored by the government, this insurance plan offers unlimited hospital service at a cost to a single person of $15 a year; heads of families with one dependent, $24; and the maximum premium, $30, for family heads with more than one dependent. Private plans providing fewer benefits than the government plan are not permitted. The British Columbia Blue Cross, which served 160,000 out of the province's one million population, suspended service December 31.

▶ GALLINGER HOSPITAL, Washington, D.C., agreed recently to accept Negro interns and to make its facilities available to the faculty and students of Howard University Medical School, which is predominantly Negro. Gallinger also serves as a teaching hospital for Georgetown and George Washington universities.

▶ CABINET STATUS for the Federal Security Agency was requested by President Truman in his message to Congress on January 5. An administration bill to create a "Department of Welfare" by raising FSA to cabinet rank was immediately introduced. [*Continued on page* 54]



WHY NOT PSYCHIATRY?

by Alice M. Robinson, R.N.

Wallace Litwin

● TO GIVE ADEQUATE psychiatric nursing care to all those in this country who are in need of it would require the services of 47,000 prepared psychiatric nurses. In fact, 15,000 are needed just to cover today's existing institutions which are recognized as being woefully inadequate in both size and services. However, the total number of professional nurses now engaged in psychiatric nursing in hospitals is approximately 5,939. It should be noted that this figure includes both those prepared

and unprepared in this specialty.

Why does this situation exist? There must be an answer, and obviously any answer involves improvement in the whole physical set-up.

Many nurses are not interested in psychiatry because they have not been prepared for it. They know nothing about the mentally ill patient, and they recoil from the idea of being in close contact with him. The old stigmas of "insanity," "loonies," and so forth, still exist, even though one can scarcely glance at the daily papers and weekly magazines without coming across pseudo-educational articles on the subject. These articles vary as to their authenticity, exaggeration and helpfulness. The authentic ones "help the cause," but they also tend to skirt around the omnipresent defects. The exaggerated stories are actually harmful, for although they contain some of the bitter truths, their sheer sensationalism frightens rather than arouses the public. People retire into their shells rather than rising in indignation and taking constructive action. The majority of the helpful articles are published in technical and scientific journals, reaching only those who are already familiar with the situation, but sometimes powerless to rectify it.

Although lack of preparation for psychiatric nursing is an important cause of the shortage of nurses in this field, other factors must be taken into consideration. Most hospitals for the mentally ill are situated in remote places; the buildings themselves are unattractive; there is a lack of supervisory personnel trained in this field; the salaries are woefully inadequate. Any one of these situations may deter nurses from entering this specialty; a combination of all of them is well-nigh insurmountable to even the most willing.

In the interest of some postgraduate work I was doing last year on this subject, I sent out 100 questionnaires to senior students and 50 to graduate nurses. The first group was asked:

1. Are you interested in psychiatric nursing? Give reasons for your answer.

2. Does the purported low salary offered by most public mental hospitals enter into your considerations of psychiatric nursing?

3. Do you feel that you have been inadequately prepared for work in a hospital for the mentally ill?

4. Would you like to have had more classes and clinical experience in psychiatric nursing?

The answers I received were revealing. To the first question, only 19 answered "No." Their reasons were so similar that I can phrase them simply: They did not like to nurse people who showed no improvement; it depressed them. One student aptly said, "I don't know anything about psychiatric nursing." Some who answered "Yes" seemed to recognize the need for psychiatric nurses; others saw the great value of this type of training in working with *all* types of patients.

The question referring to low salary was answered by 60 with "Yes" and by 40 with "No." (One student

answered that she didn't think they were so low, although in actuality they are. The average salary for general duty in state mental hospitals is anywhere from $30 to $45 a week, and the latter salary is considered a generous one. This most certainly is one of the prime reasons deterring nurses from taking an active interest in psychiatry.)

To the third and fourth questions, querying the inadequacy and need for more preparation, 65 students answered "Yes" to the third—86 "Yes" to the fourth.

The 100 students to whom I sent these questionnaires were from 10 schools in 10 different states extending the length and breadth of the United States. None of the questionnaires was signed, and I consider, from an over-all view, that the answers were honest and unbiased.

I asked the graduates three similar questions except for the last, which was: Can you suggest improvements in working conditions for nurses in psychiatry which would make this field more attractive?

Only six were sufficiently interested in psychiatry to make it their specialty. The others gave the usual reasons for their negative answers: depressing, not enough salary, only a slight sense of accomplishment and so forth.

Contrary to the present day impression that nurses are becoming too mercenary, only four graduates answered "Yes" to the question about low salaries. Like the students, these graduates were from different hospitals representative of the whole country. And like the students they contributed many helpful suggestions in answer to the final question.

My conclusions based on this small sampling are these:

Nurses want, *first of all,* to see adequate, humane patient care. They want to feel that their hard work has helped to produce beneficial results, improvement or recovery. They want to see patient environment vastly changed; they have seen the difference between patients who are kept in bare, filthy wards, furnished with a few wooden benches and iron bedsteads, and those who have the freedom of green lawns, the niceties of cheerfully decorated, clean wards.

In the light of these facts, the shortage of psychiatric nurses is not surprising. But it is shocking when one considers the enormous need for such nurses. Each day, one-half of the admissions to U.S. hospitals are classified as psychiatric cases, yet 80 per cent of these 700,000 patients in hospitals for the mentally ill are cared for by attendants. There are no registered nurses in 13 of our state mental hospitals; only one in 27 of them; and two in 26 such institutions. There is an 80 per cent deficit of psychiatric nurses in this country. The picture becomes even more alarming when one realizes that there appears to be little immediate change in this situation and that present estimates reveal that one person out of every 20 past the age of 15 will, at some time in his life, become a patient in a hospital for mental disorders.

Fundamentally, the nurse is her-

self a psychotherapist. It is obvious that psychiatrists themselves are unable to spend any length of time with individual patients when you consider that on the average there is only one trained psychiatrist to care for 300 patients, but in many instances the patient load is one psychiatrist to 1,000 patients. The nurse, on the other hand, spends all her working hours with patients. She sees that they are bathed, dressed and occupied. During this time the patient talks, moves or does not move—he is himself as he is existing at that moment. What the *nurse* says and does to meet the needs of that moment is equally important, if not more so. Adequately prepared nurses and attendants can be therapeutically helpful at this time in the patient's illness, but it is possible that great damage can be done by inadequately trained personnel.

In this connection, it should be mentioned that nurse educators believe that every nurses' training school should have at least a psychiatric affiliation; some preparation in mental nursing is an advantage in *every* field of nursing. In addition, mental hospitals need a well-organized, full-time, in-service education for *all* personnel. However, the fact that the need is recognized does not automatically make that ideal state of affairs exist.

Out of some 1,250 state accredited schools of nursing, 28 are located in hospitals for [*Continued on page* 84]

Probie

"And yesterday he said he was dying."

Read Your Way

[*Continued from page* 40]

The general practitioner has come to use bibliotherapy because of its outstanding good results and because of the relative ease with which he can counsel innumerable patients and provide guided direction for their own efforts at self help. Occasionally a patient will take offense at the doctor's suggestion that he read a book for treatment purposes. An optimistic and cooperative attitude is a "must" if success with bibliotherapy is to be achieved.

Sometimes there are those who are willing to read the books recommended but who are reluctant to walk into a book store and ask for books with titles such as *The Neurotic Personality of Our Time* by Horney, *Unhappy Marriage and Divorce* by Bergeler or *The Sexual Side of Marriage* by Exner. To alleviate embarrassment and also to make sure that the patient is sold the right book, doctors may write out their recommended titles on regular prescription pads.

To have her prescription filled, the patient for whom *How Never to Be Tired* was recommended went to a book dealer in a well-known city who is constantly used as a "book apothecary." He stocks all books requested by the doctors and counseling psychologists and has reached the point where he distributes printed prescription blanks to the various doctors in the city for their use when a book prescription is called for. This dealer, working closely with the doctors, stocks only those items which are approved and requested. If the book prescribed is not in stock, no substitution is made unless an O.K. is given by the patient's physician.

Experimentation with bibliotherapy in the past few years has proved conclusively that it is good treatment under the right guidance. Help through reading is possible for persons suffering from almost any type of mild but irritating problem. Books about sex advice for youngsters, about sex and marriage hygiene and technique, about child training, about emotional maturity and neuroses common to adults—all of these and dozens more are offered in the field of bibliotherapy.

Johnson's BACK PLASTERS symptomatically relieve BACKACHE three ways

★ Here a Johnson's BACK PLASTER is being applied for myositis.

• **First,** these plasters provide mild counterirritation which causes local and reflex hyperemia — helping to relieve congestion and muscle pain. **Second,** they provide some support and aid in immobilization. Their supporting effect tends to reduce pain and muscle spasm. **Third,** they provide warmth and protection to the painful area.

Johnson's BACK PLASTERS are particularly effective in cases of low back strain, sacroiliac arthritis, myositis, lumbosacral fascitis and intercostal neuralgia. These plasters are safe, convenient and known by patients. They provide continuous supportive treatment over a period of several days.

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During trying days, Johnson's BELLADONNA PLASTER helps in two ways to relieve many of the annoying symptoms accompanying dysmenorrhea: 1. It provides the pharmacodynamic action of belladonna in full strength which is slowly absorbed and creates a mildly antispasmodic action in the uterine musculature. 2. It promotes warmth and support of aching back muscles thus helping to relieve that "tired feeling."

Write for liberal free supply of Johnson's BACK PLASTERS and BELLADONNA PLASTERS. Offer is limited to U.S.A. Dept. RN, Johnson & Johnson, New Brunswick, N. J.

Johnson's BACK PLASTER

Candid Comments

[*Continued from page* 28]

partnership than ever before existed.

Too many of us let our fears block off our awareness. A nurse writes me, "I'll have nothing to do with that Brown report. I'm told Dr. Brown wants us all to be either college graduates or practical nurses." Wouldn't it be a good idea for that nurse to join with a dozen others in a chapter by chapter study of the report and find out what was really recommended? It is the most meaningful report ever put before us.

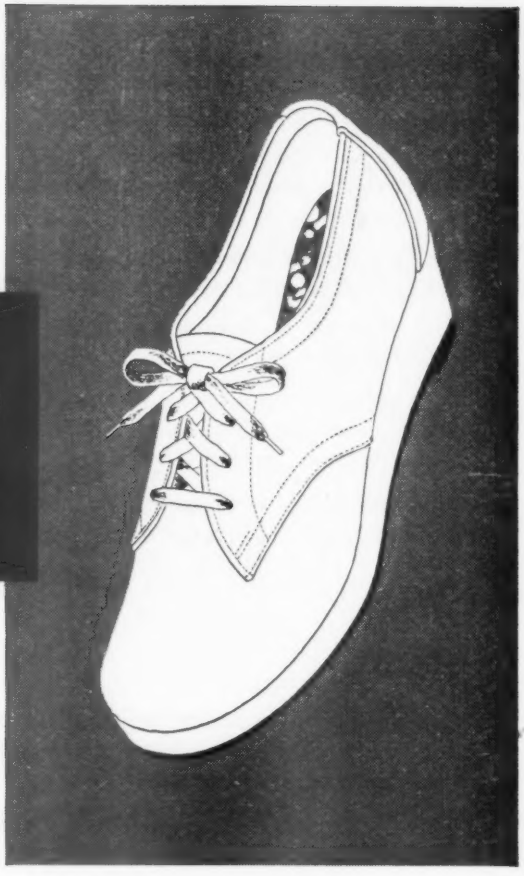
The only thing to fear in the Brown report, in my opinion, is a lack of understanding of what it's all about. This lack can be overcome. We must keep in mind that Dr. Brown only made recommendations. Any action from them must begin with the profession. Again and again she writes "these are tasks for organized nursing." It's our job to ponder over her recommendations and take the initiative for action.

The profession got these basic recommendations back in 1922 from the Rockefeller Committee. We didn't go deeply enough then in our reforms. We got them again 15 years later in the Grading Committee report—and again our reforms were too mild. Today we've reached a point where we cannot walk around the wall of fact before us—it is too high, wide and long. Nursing has become a mighty force. We veterans, rich in our own experiences, can look with envy upon the generation that will have even greater ones. But we must go through that wall to reach them, and we *can* do so without destruction. However, the nurse who wants a "say" in the actions to come must know what it's all about. Closed eyes and closed minds only make us dizzy.

The title of Dr. Brown's report is *Nursing for the Future*. It is a good title but the future of nursing cannot lie in a book—it lies in the heart of the average nurse.

Copies of *Nursing for the Future* may be purchased directly from the Publication Department, Russell Sage Foundation, 130 E. 22nd St., New York 10, N.Y. Price $2.00.

ALERT on duty



Each day, Joyce Alerts in white travel hundreds of miles of hospital corridors. Service-wise and comfort-right, Alerts are specifically constructed to give you that extra comfort and wear with Joyce good looks. Specially stocked for nurses by your nearby Joyce dealer who carries all fashion-right Joyce shoes and slippers. In quick-clean, glove-smooth white leather. Sizes from 2½ to 11, AAA to B. $8.95.

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One of many Joyces, but

ALL JOYCES SAY
joyce
PASADENA · CALIFORNIA

An analoque of medicine you may never have thought of

As every doctor knows, medicine is the art of ministering to the sick and keeping the well in good health.

But it is the professional societies throughout the land who most often give reality to this definition.

For through them medical research and advances come into clinical channels. In these channels this newer knowledge becomes effective on patients.

There is an analogous situation in the food-processing industries, especially the canning industry.

For, as you know, canning is simply the process of heating foods to destroy spoilage organisms and of putting them in air-tight containers to preserve them.

But this is merely a *definition* of canning.

To give it reality and meaning throughout the land there is a "society," if you like, which performs a function similar to that of the professional societies.

This "society" is called the "Processing Committee of the National Canners Association."

This committee is the channel through which every bit of research and advance in food processing is brought to the attention of the individual food packer.

What is the result? Canned foods today have a quality, nutritive value, and freedom from pathogenic organisms of the highest order.

Here is a reality worthy of your highest confidence.

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New York • Chicago • San Francisco

The Seal of Acceptance denotes that the statements pertaining to nutrition in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

The Health of Nations

[*Continued from page* 35]

the country. In contrast, the United States has subtropical and cold regions, excessively humid areas and deserts, areas below sea level and high mountains. This variety of climatic conditions creates varying health problems and requires different adjustments.

Racial composition

A related factor is the racial composition of the nation. White populations generally have higher living standards—and therefore better health—than non-whites. The existence of a substantial segment of any country's population (such as a non-white minority) at a low economic and social level serves to pull down the over-all health record of that country. Small countries with the best health records either have virtually all white populations or else do not include non-whites in their statistics.

Conclusion

The available evidence does not indicate that the system of financing medical care is a major factor in the health development of a nation, as reflected in its infant mortality and male life expectancy rates. Therefore, one should be careful in assuming that the adoption of any system of paying for medical care, compulsory or otherwise, will of itself make for a decided improvement in the health indices. But there is good reason to believe that better results might be expected from paying careful attention to the improvement of living standards, to good nutrition, the elimination of economic and social inequalities between races, development of medical facilities, preventive health measures, and other factors which directly affect the health of the people.

INADEQUATE M.D. OUTPUT

EVEN IF COMPLETE training facilities could be greatly increased at once, a number of years would still be required to build an army of health workers adequate to the people's needs. A doctor, for example, requires from seven to ten years to complete his education; a nurse, three to five years.

At present, our production of physicians is limited by the fact that we have in the United States only 70 four-year medical schools, with an average enrolment of 335 students each. The average output is about eighty graduates per school for a national total of around 5,600. At current production rates, and taking into account six new schools now being organized, we can assume a maximum supply of only 212,000 active physicians by 1960.—*The Nation's Health*

News

[*Continued from page* 43]

Both the National Education Association and the AMA have withheld comment for the time being, although in the past they have urged separate government agencies in their fields. The AMA may change its views if the Hoover Commission's proposal of a National Health Bureau in such a new department is adopted.

▶ NEWSLINGS: New York State legislature is considering a bill requiring pre-natal maternal Rh tests. Father would also be tested if mother's blood contained negative Rh factor . . . Washington, D. C. Children's Hospital new infant diarrhea ward and specialist-nursing teams have cut diarrhea mortality to 1 per cent. Babies are quickly blood-tested, given intravenous fluids to counteract dehydration, and bacteria or virus causing the infection is then determined . . . Psychiatrists accompanying doctors on their regular rounds at New York's Mt. Sinai Hospital aid them in diagnoses and approach to patients' problems. Short-term psychotherapy in a special ward is prescribed at need . . . Montefiore Hospital for Chronic Diseases has set up a weekly "interview night" at which patients' relatives can meet with doctors and social workers . . . Cyprus health authorities' two-year battle to exterminate the anopheles mosquito from the island is remarkably successful. Only three cases of malaria, once the scourge of the Island of Cyprus, were reported in

You know, you do more for your patient than you might think . . .

For instance, your crisp clean uniform and your air of confident grooming go a long way to brighten your patient's day.

But good grooming is more than the morning bath and a bright fresh uniform. Because perspiration is a continuous process.

Mum is the *safer* way to preserve morning-bath freshness because it contains no harsh or irritating ingredients — stays smooth and creamy — does not dry out in the jar. And Mum is *sure* because it prevents underarm odor throughout the day or evening. Recommend it to your patients too.

Why take a chance when you can MUM in a moment?

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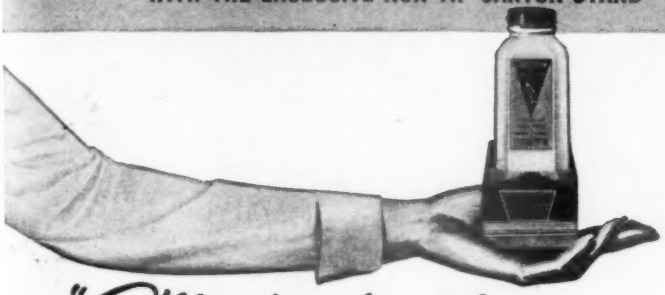
1948 . . . Dr. Benjamin P. Watson, incoming president of the New York Academy of Medicine, has called for reducing the four-year college premed course, and modification of intern and residency training to include broader experience with social and community problems outside the hospital . . . Two thousand nurses in state hospitals and mental institutions were told "no raises," by the New York State Salary Standardization Board which stated that present nurse pay scales, supplemented as they are by emergency compensation, compare favorably with those for similar work elsewhere . . . Statewide program to safeguard the teeth of children and educate them to proper prophylactic methods will be launched by the New York State Department of Health.

▶ FOUR NEW HOSPITALS and improvement of 10 others are planned under Detroit's hospital expansion program, which will give the city an additional 1,500 beds. The Greater Detroit Hospital Fund has launched a drive for $19,720,000, of which about $8 million is already in hand from previous hospital campaigns. The Ford Motor Co., largest employer in the Detroit area, has contributed $900,000 and General Motors $680,000.

▶ RHEUMATIC FEVER, complicated by pneumonia, caused the death recently of Dr. Horace G. Smithy, 35-year-old Charleston, S.C., surgeon whose discovery of a new technique saved the life of a rheu-

"I'll take the bottle"

WITH THE EXCLUSIVE NON-TIP CARTON STAND—10¢ & 25¢ SIZES



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but more nurses take to Griffin—their favorite white shoe cleaner

Again in 1947, in a nation-wide survey nurses voted GRIFFIN ALLWITE their favorite white shoe cleaner, because . . .

- IT MAKES SHOES WHITER actually whiter than new.
- CLEANS WELL
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Either way . . . in the economical bottle, with its neat applicator and non-tip carton that prevents spilling . . . or the tube that's always handy and so convenient to carry in your bag . . . GRIFFIN ALLWITE keeps your shoes sparkling white.

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No Doctor Can Recommend Any Better Evaporated Milk For Infant Feeding

WHITE HOUSE MILK is wholesome and nourishing for babies because:

1. It provides the essential nutrients of fresh milk.
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Truly, there is no better evaporated milk for infant feeding.

WHITE HOUSE MILK

There's None Better

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matic fever sufferer last February and won Dr. Smithy international recognition. Plans to employ the technique in an effort to save the young surgeon's own life were thwarted by his weakened condition.

▶ FOURTH PLACE WINNER among 4,150 essays submitted to *Glamour* in its recent "Why I Like My Job" contest was that sent in by Doris Singleton, a student nurse at Hotel Dieu Hospital, Beaumont, Texas. Among other things, Miss Singleton finds that nursing "gives peace of mind," is a "real joy," and assures her that "I will always be able to find work."

▶ ETCHINGS, paintings, sculpture, photographs, and a full-sized reproduction of a Windsor chair were among the 124 art objects shown recently by 70 members of the New York Physicians Art Club at the group's 16th annual exhibit in Manhattan. Open to the public, the yearly event attracts wide interest as a display of the recreational interests and hobbies of medical men.

▶ GUEST OF HONOR at a recent three-hour show in New York's vast Metropolitan Opera House, 66-year-old Amalie Sophie Pedersen was called on stage to receive an award for her 42 years of continuous service as a nurse at Brooklyn's Norwegian Lutheran Deaconesses' Home and Hospital—where she is said to have cared for a total of 93,240 patients during her long career.

The special show, arranged by the United Hospital Fund for an audience of some four thousand volunteer workers who were about to set forth on a city-wide money-raising campaign, featured stars of stage, screen and radio, a musical performance by the Doctors' Orchestral Society, and a 250-voice chorus of nurses recruited from Greater New York's 86 non-profit hospitals.

Miss Pedersen, a native of Norway, started as an apprentice nurse at the Brooklyn institution shortly after her arrival in this country in 1906.

▶ A BRONZE STATUE of Florence Nightingale was presented to the ANA during the September meeting in London of the board of directors of the International Council of Nurses and the grand council of the Florence Nightingale International Foundation. The presentation was made by Dame Ellen Musson on behalf of the nurses of Great Britain.

▶ LECTURE COURSES for professional nurses in the Cleveland area, made possible by grants from the W. K. Kellogg Foundation, were continuing last month at Frances Payne Bolton School of Nursing, Western Reserve University. Included in the series were discussions on "The Emotional Aspects of Common Problems in Behavior" by Dr. Alfred K. Bochner, teaching fellow in psychiatry at the university's School of Medicine, and "Counseling and Guidance Programs in Schools of Nursing" by Whiting Williams, consulting editor of *Factory* and an

authority on personnel problems and public relations. The program of lectures will continue through next May. Detailed information may be obtained from the university's publicity department.

▶ STUDENT - NURSE recruitment drive in New York City, aided since last May by a Citizens' Committee on Hospital Careers, resulted in the September enrolment of 1,829 new students—429 more than the goal set by the Committee. Professional-nurse schools enrolled 1,606 of the newcomers; practical-nurse schools, 223. Marked gains over 1947 enrolment figures were reported by a majority of the schools, and many said they had no vacancies in their first-year classes as a result of the drive.

▶ ABOUT PEOPLE: *Esta H. McNett, R.N.*, VA tuberculosis nursing chief resigned January 15 to become director of nursing at Cleveland, Ohio's Mount Sinai Hospital. Her former assistant, *Almeda M. King, R.N.*, takes over as acting chief of the tuberculosis section . . . *Dr. Mary Ann Payne* of the department of medicine of Cornell University Medical College, and New York Hospital research associate, has received the New York Heart Association's Golding fellowship for cardio-vascular research . . . When *Mary Wilkenshaw*, first R.N. employed by the Elizabeth, N. J. VNA, died last summer at the age of 72, she left $5,000 of her life savings to the Cancer Clinic of Elizabeth General Hospital . . . *Dorothy Heath, R.N.*, at Beyer

Memorial Hospital, Ypsilanti, Mich., was literally left holding the basket recently. This one contained triplets, born an hour before at a Wayne, Mich., home, with father officiating as midwife . . . 38-year-old *Eleanor Judd* of Brooklyn, N.Y., last month donated her 50th pint of blood at New York Hospital's Cooley Anemic Clinic, where 40 children with hereditary Mediterranean anemia receive fortnightly transfusions, enabling them to live normal lives.

▶ TUBERCULIN TESTING of forty to fifty million European children is the aim of a projected program being financed by the International Children's Emergency Fund of United Nations. Authorities say it may prove to be the most extensive epidemiological study ever undertaken.

▶ DENTAL LEADERS are clamoring anew for "administrative parity" of the Army Dental Corps with the Army Medical Corps. *Journal ADA* said recently that failure of Army officers to heed the demands of the dental profession will result in an appeal to Congress.

▶ EXPANDED MENTAL CARE will be provided by New York State, which is building up its trained personnel, integrating the state department engaged in mental care work, and instituting a long term research program. Urgently-needed new buildings will be constructed for 15 state mental hospitals, although costs have risen from the 1940 estimate of $40 million to $80 million.

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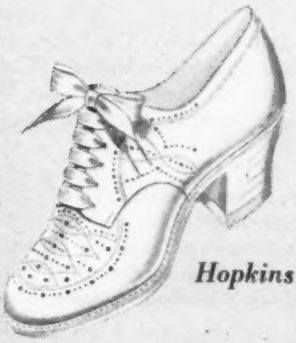
You *always* put your best foot forward when you wear fine-fitting ENNA JETTICKS! These carefully constructed shoes have lots of professional appeal . . . and best of all, will keep you going with an easy, effortless step! Select *yours* from several regulation styles. (*Shoe-wise* nurses wear ENNA JETTICKS for *off*-duty hours, as well!)



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CALLING ALL NURSES

Ruth Patterson and Eileen M. Sullivan: Both of class of 1938, Bellevue School of Nursing, New York City. I'd love to hear from them and other girls in our crowd. Augustina B. Grady, Memorial Hospital, North Platte, Neb.

Medarda Melendez: Graduate of San Juan City Hospital, class of 1936 or 1938. Would like to have news from her or about her. Ruth F. Riggs, R.D. No. 1, Northumberland, Pa.

Allentown Hospital School of Nursing Graduates: 1949 is our 50th anniversary year. If you have not kept in touch with us, please contact us at once so that we can complete our records and make plans for our reunion. Please send your maiden name, present name and address to Alma M. Urffer, Allentown Hospital, Allentown, Pa.

Rita White Fennessy: Remember St. Joe, Mo.? Would like to hear from you. Margaret Baringhaus, 5295 D. Winneste Ave., Cincinnati 32, Ohio.

Agnes Dalke Smith: Our class from Mennonite Hospital, Bloomington, Ill. is all accounted for but you. Let's hear from you. Grace P. Waller, Methodist Hospital, Mitchell, S.D.

Irene Wade Weber: Graduate of Christ's Hospital School of Nursing, Topeka, Kan., in 1927. Last known whereabouts Columbus, Ohio. I'd enjoy hearing from you. Emma Moore Patrick, 445 Ohio, Topeka, Kan.

Ex-Service Nurses: If you would like to join our All Girls Post of the American Legion, address Adjutant of Post 334, Memorial Bldg., Kansas City, Kan.

Mary Dolan: Home town Buffalo, N.Y. Graduated from St. Elizabeth's, Washington, D.C. about 1936. Please write. Eliza King, 844 Park Ave., Meadville, Pa.

All R.N.'s: I'm a postcard collector specializing in hospital cards. It's not easy to contact all the hospitals in the U.S. and I thought you could help me by sending your hospital cards. Hazel Cornick, 156½ Fraser, Santa Monica, Calif.

Graduates of Silver Cross Hospital: If we do not have your present address, please send it for our alumnae file. Margaret A. Shaw, Corresponding Secretary, 402 Whitney Avenue, Joliet, Ill.

Florence E. Hunter and Mary MacLean: We were together taking a postgraduate obstetrical course in 1930 at New York Nursery and Child Hospital, New York City. Would like to hear from you. Helen Peirce Howard, 47 Church St., Franklin, N.J.

Mary "Pat" Regan Tyron: Graduate of Hale Hospital, Haverhill, Mass. Lost your address. Would like to get in touch with you. Verne Belle Haight, 141 Mt. Pleasant Ave., Newark 4, N.J.

Susan M. Veraway: Lost track of you since you left U.S. Naval Hospital in Portsmouth, Va. My mail was returned from Pearl Harbor. Write, please. Margaret Masciarelli Francisco, Lynden, Route 1, Wash.

Nathan Littauer Hospital Grads: The Alumnae Association is trying to bring its records up to date. If you have not contacted the Alumnae in the past year, send your married name, maiden name, year of graduation and present address to Mary

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Style 248

A trim and lovely 2-piece outfit, with expert finishing, in quality materials:

Navy Blue Nylon that requires little or no ironing—a truly beautiful garment. $18.95.

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All available with long, ¼ or ¾ sleeves (as shown); French cuff on long sleeve. Sizes 10-46.

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Style 244 illustrated at right—

Opens down front with concealed rust- and laundry-proof snaps below belt line. French cuff on long sleeve. Also in ¼ or ¾ sleeve. Made of white Simpson's Soulette Poplin or white DuPont Nylon. *Poplin*, $7.95. *Nylon*, $13.95.

Many other styles made of Simpson's Soulette Poplin or Koda Diagonal (Rayon) with range of sizes from 10 to 46 shown in our nurses catalog.

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RN-2

Please send me .... uniforms, style # .... to be made of ..... material. Size .... Type of sleeve ..... If Style #248, size of jacket ...., size of skirt ..... Enclosed is $.....

☐ Please send complete catalog for nurses.

Name .....

Address .....

City ..... Zone..... State.....

Heagle, Nathan Littauer Hospital, Gloversville, N.Y., or to Ruth Brooks, 93 Prospect Ave., Gloversville, N.Y.

St. Vincent's Hospital (Conn.) Alumnae: We're planning a roster and waiver of all graduates. Please cooperate with us by sending in your present name, maiden name, address and year of graduation to Marie C. Oates, 90 Westfield Ave., Bridgeport 6, Conn.

Wanted—Nurses in Fiction: I am writing a book about works of fiction that have nurses as main or subordinate characters. Please send names of such books to William Serey Powell, 207 Language Arts, University of Florida, Gainesville, Fla.

Grads of University Hospital: Help your Alumnae Association to bring its records up to date. Send your name and address and that of any other graduates with whom you've kept in contact to Mrs. Catherine Cannon, Alumnae Treasurer, 7726 N. Marshfield, Chicago 26, Ill.

Irene Dennison: I'd like to hear from you again. Have much to tell you. Violet Cook Johnson, 99 McEwen Road, Rochester 12, N.Y.

R.N. Fans: I have many copies of back issues of **R.N.** that I would like to share with others. Amreau B. Blood, Boylston, Mass.

Lillyan Charlebois: Last address U.S. Marine Hospital, Neponsit, Long Island, N.Y. Often think of the old days in Port Angeles. Please write. Irene Payne, 2317 Columbia Ave., Keenewick, Wash.

Former Flight Nurses: Anxious to contact all former flight nurses assigned to the ETO. Most members of Flight Nurse Organization from Pacific Theatre. All nurses are urged to send present and maiden names and current addresses to Mrs. Mary Oldehoff Stehl, 1013 DeWitt Terrace, Linden, N.J.

University of Oregon Graduates: Alumnae of the School of Advanced Nursing

"We two form a multitude"

These words of the Latin poet Ovid vividly express the value of complementary action between two forces directed toward a common purpose.

In the therapy of obstinate skin conditions, clinical experience has shown that the use of MAZON Ointment *plus* MAZON Soap offers a most effective regimen. Cleanliness is achieved without irritation with MAZON Soap and the antipruritic, antiparasitic, antiseptic MAZON Ointment is given full opportunity to exert its action.

The MAZON Therapy is suggested in cases of acute and chronic eczema, psoriasis, alopecia, ringworm, athlete's foot, and other skin conditions not caused by or associated with systemic or metabolic disturbances.

MAZON

Ointment and Soap

Available at your local pharmacy.

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Education interested in forming an alumnae association please send your name and address to the Associated Advanced Students of Nursing Education, University of Oregon Medical School, Portland 1, Ore.

Julia Yadusky: Last heard from you in 1944. I wrote to your last address in New York but the letter was returned. Please write as it is urgent that I contact you. Mrs. John Gogotz, 300 Arnot St., Saint Clair, Pa.

Ex-Army and Navy Nurses: Want to continue serving your fellow service men and veterans? Like to have fun? If you live in Queens County, N.Y., join the Queens County War Nurses Post, American Legion. Write to Commander Alice V. Scherer, 87-12—61st Ave., Elmhurst, N.Y.

Elizabeth Resch Robinson: From Columbia, Pa. Last heard from you in San Francisco before I went overseas. Let me hear from you. Lt. Clara W. Bauer, ANC, Valley Forge General Hospital, Phoenixville, Pa.

Marie Serril: Formerly superintendent at the Mary Chiles Hospital in the Philippines. Mrs. Gregoria R. Rosauro of Vigan, Ilococ Sur, P.I., has asked me to get in touch with you. Please write Col. John Truitt, P.O. Box 8778, Philadelphia 1, Pa.

St. John's Hospital Alumnae: Please help us to complete an accurate mailing list of all graduates by sending your maiden and married names and address to Vera Rapp, c/o James Motor Co., Rapid City, S.D.

Irene Neal Noble: Have lost your address. Please write to me. Marjorie Donlan Staples, 8 Crescent Ave., Stoughton, Mass.

Brooklyn Jewish Hospital Graduates: Your alumnae association is publishing an alumnae newspaper to be sent to all graduates free of charge. Please forward maiden and married name, correct address, and newsworthy or literary contributions. Mrs. Sarah Gardner, 1902 Cortelyou Road, Brooklyn 26, N.Y.

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100% DUPONT NYLON UNIFORMS

SHORT OR LONG SLEEVES
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- ★ Impeccably tailored
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- ★ New look. Long length
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EXTRA SPECIAL Two ply poplin . . . yes, sanforized, mercerized and combed 2 ply poplin uniforms in same styles shown here. Regular $7.95 each. **During this sale only $4.95,** with CROWN MONEY BACK GUARANTEE! In sizes 12 to 20. Order yours today.

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Please send me:

Style Number	*Color*	*Size*
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No. 101 (Long sleeve)	White	
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No. 103 (Short sleeve)	White	

Enclosed is $ Please Send C.O.D. ☐

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MAIL YOUR ORDER TODAY!

Morphine

[*Continued from page* 29]

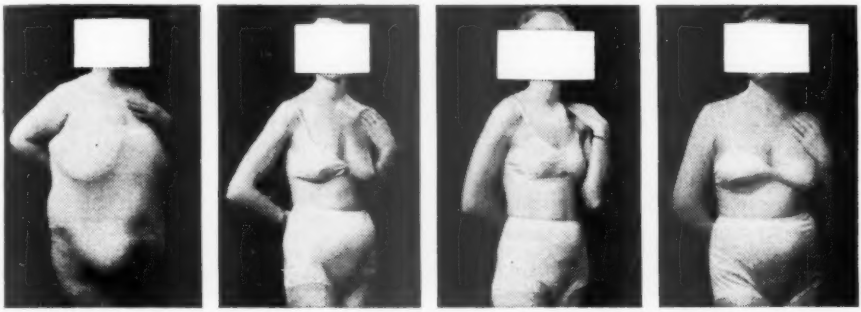
hepatic colic and various incurable diseases. It is generally given preoperatively with atropine to sedate the patient and decrease the amount of anesthesia required.

Unfortunately morphine often produces disturbing side effects of nausea, vomiting, decreased peristalsis and lowered respiratory rate. Its continued use frequently culminates in a dangerous state of addiction. The search for a drug that will equal morphine in its analgesic power without sharing its clinical disadvantages, especially that of addiction, has been carried on intensively in recent years.

In 1929 the National Research Council sponsored a research program for the study of morphine-like compounds. One of its first tasks was to determine the therapeutic effectiveness of dilaudid, a drug discovered in Germany. Hailed by the American press as the "ideal painkiller" and "as harmless as water," dilaudid was later found to produce addiction though not to the same degree as morphine. It has been used widely for the relief of constant pain.

One of the Council's most promising discoveries is metopon, a synthetic alkaloid closely related to dilaudid. Because of manufacturing difficulties, metopon was for a long time prescribed only for patients with chronic painful diseases. In experimental and clinical use it has shown significantly less addition lia-

HOW A SPIRELLA SUPPORT HELPS CASES LIKE THESE...



A SPIRELLA individually designed support permits women with figure conditions like these to lead normal, comfortable lives. The reason is that Spirella supports with upward and backward traction, assists the abdominal muscles, encourages correct posture, without constriction in the region of the diaphragm. Bulky, uncomfortable inner belts or straps are unnecessary. Thus patients are glad to wear comfortable Spirella garments, which also improve their appearance.

Here's how the Spirella system of corsetry works in cases of problem figures: First the Spirella Corsetiere adjusts the exclusive Modeling Garments on the patient in the doctor's presence. This permits him to check the degree of support in the fluoroscope if he desires. Then, measurements are taken over the figure—properly supported by the Modeling Garments. From these correct measurements the finished garment is individually made.

For full information about Spirella write:

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SPIRELLA SUPPORT IS RECOMMENDED IN CASES LIKE THESE:

1. "Industrial" and Chronic Fatigue
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INDIVIDUALLY-DESIGNED HEALTH SUPPORTS

bility than that of morphine sulfate.

Two drugs, demerol and methadone, credited to German chemists of I. G. Farben, and since developed in this country, have also shown valuable analgesic properties. The fact that the chemical formulas of these two drugs differ markedly from that of morphine but have roughly the same pharmacological effects (including addiction) has added impetus to the study of other synthetic compounds.

Because of the danger inherent in the use of morphine and similar analgesics, the nurse plays an important role in the supervision and administration of these drugs. Side effects such as constipation and urinary retention should be noted; respiratory rate should be taken before giving the ordered dose. Morphine idiosyncrasy which usually starts with itching of the skin should be recognized promptly. Its symptoms, the opposite physiological effects of morphine analgesia — undiminished pain, restlessness and anxiety—must be reported accurately because the doctor may order another dose of morphine with fatal results. The nurse should also be familiar with the signs of morphine poisoning—extremely deep sleep, pin-point pupils, shallow, slow respiration and a weak, slow pulse. Emergency measures are in general: lavage, administration of stimulants, such as coffee, atropine, ephedrine, and carbon dioxide and oxygen inhalations. Strenuous treatment such as exercising the patient and slapping him with towels is now

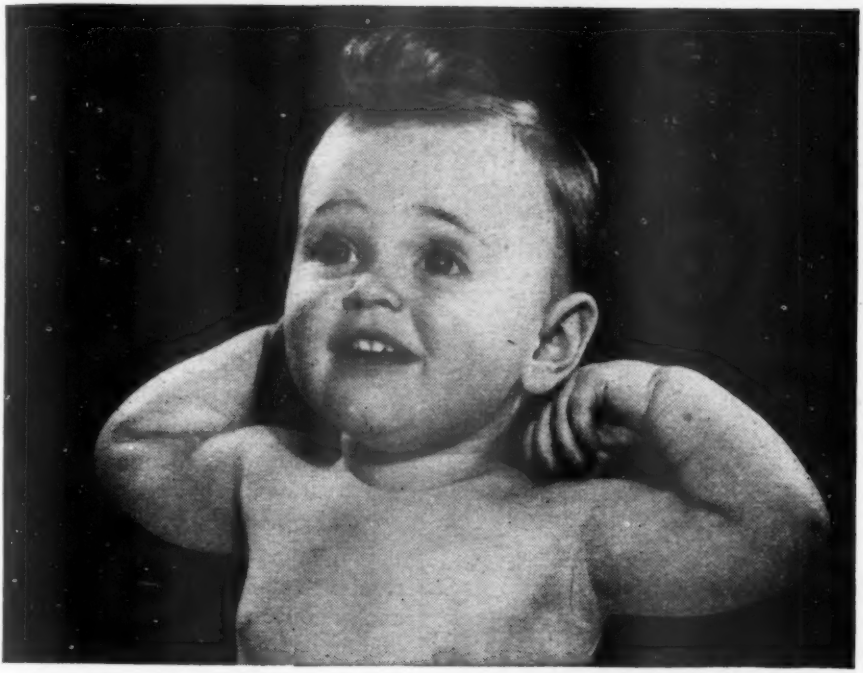
Comparison with MORPHINE 10 mg.	DILAUDID	METOPON	DEMEROL	METHADONE
Dose	2 mg.	6 mg.	100 mg.	5-10 mg.
Rapidity of Analgesia	less	less	less	less
Duration of Analgesia	shorter	same	shorter	longer
Intensity of Analgesia	more	more	less	less*
Sedation	less	less	less	less*
Respiratory Depression	more	less	less	equal
Nausea and Vomiting	less	less	less	equal
Constipation	less	less	less	equal
Addiction Liability	less	less	less	less

*Methadone acts slowly and cumulatively. With repeated dosage analgesic and sedative effect equal that of morphine.

regarded as an undesirable practice.

The administration and sale of morphine and similar analgesics are controlled by the Harrison Narcotic Law for none of them have been shown to be entirely free from the possibility of addiction. Since addiction frequently starts from therapeutic dosage, the nurse must observe certain precautions. All narcotic drugs should be counted carefully and kept in a locked cupboard separated from other types of medication. The patient should not be told the nature of his medication or given unnecessary doses. However, a needed dose should not be withheld if the order is p.r.n. With few exceptions an analgesic drug is not given to produce sedation; it is specifically for the relief of pain.

The nurse will often encounter the miserable victims of drug addiction in the general hospital. The drug addict depends on the use of the drug to such an extent, with such complete lack of self-control, that he becomes a sick and potentially dangerous member of society. The nurse should remember that the addiction process develops insidiously in any type of patient receiving regular daily dosage. Drug tolerance will first appear and dosage must be continuously increased to achieve its original physiological effect; the final stage is drug dependence where the victim depends on the drug to support a sense of physical well-being. If, at this stage, the drug is withdrawn, symptoms of physical illness appear; namely, irritability, nervous-



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FOR OVER 28 years, doctors have been recommending Clapp's—*the original baby foods!*

Doctors *know* Clapp's Strained Foods contain only the finest of garden fruits and vegetables, and only the choicest of meats.

Doctors *know* the Clapp-method of pressure-cooking retains the true, fresh taste and color—as well as the important vitamins and minerals.

In short, doctors know *all* Clapp's Strained Foods meet the highest standards set by doctors!

Clapp's Baby Foods

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ness, abdominal cramps, vomiting, insomnia and mental depression. The patient will now go to any extreme to obtain the drug.

The most important contributing cause of drug addiction, outside of chronic painful disease, seems to be an inability on the part of the individual to meet his problems and responsibilities. He seeks to evade the disturbances of everyday life by escaping into the pleasurable dream world of euphoria. This individual should not be treated as a criminal; he needs firm but sympathetic nursing treatment and competent psychiatric counseling.

It remains for chemical and pharmacological research to develop an analgesic drug free of danger of addiction yet able to give optimal relief from pain. Of the four drugs discussed in this month's *Drug Digest* some surpass and some lag behind morphine in certain effects. In any case, they are all important chemical steps toward the ideal analgesic drug.

NOTICE

Florida—Law relating to registration makes it illegal to practice nursing unless registered in Florida. Secure application from State Board of Examiners, 119 Newman St., Jacksonville.

For information on nursing in Miami or vicinity contact Executive Secretary, 5th District, or Nurses' Official Registry, Florida State Nurses' Association, 315 Calumet Building, Miami.

"This is what I use when dental pain interferes with production"

"It's very important, these days, to keep workers on the job. That's why I always keep Poloris handy to provide quick and safe relief for toothache!"

For over 30 years the dental profession has prescribed POLORIS dental poultice for toothache, discomfort after extraction and other emergency dental pain. POLORIS treatment is local—not systemic. Unlike analgesic tablets and powders it is not a "cure-all"—has no bad after-effect. POLORIS is designed solely to give prompt, safe, effective relief until a dentist can be visited.

POLORIS is easily applied between cheek and gums. Its counter-irritant action quickly relieves the congestion that causes discomfort, accelerates the reparative processes in the pain area, increases local nutrition and produces better after-pain results.

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R.N. Speaks

[*Continued from page* 25]

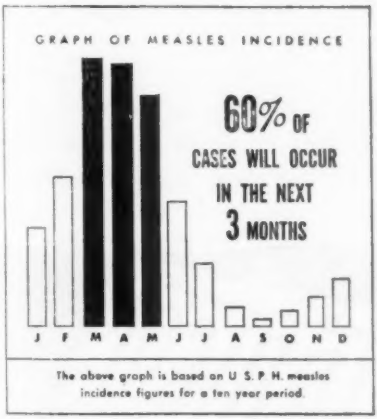
set of decisions. Also, smoothly functioning machinery to enforce the code is needed. Such machinery is a must, for without provision for this enforcement, the code is without teeth. Like civilization, if the profession is to escape the destructive element within it, it must protect its laws from infringement.

In practically every situation in which the nurse finds herself, from her first day in training to her last day of nursing, she draws upon her knowledge of ethics and etiquette. Her behavior in her school of nursing, in the hospital, with her patients, their visitors, the physicians, other nurses and her professional associations, is all guided by her concept of the ethics of her profession. She is solely responsible for her unethical acts, for it is assumed that as a student she is taught what her profession expects of her and what would bring disgrace to herself and her profession. This assumption, however, is not entirely fair, for not only did a survey in 1931 show that in 2 per cent of the training schools at that time there were no courses in ethics, but that most ethics courses were a matter of lectures and exhortations, rather than discussions of cases in actual situations.

While the student is in school she is under constant supervision and always has access to an adviser in case of doubt as to her actions, but when she graduates there may be many times when her conscience must be

6 OUT OF EVERY 10 CASES OF...

MEASLES WILL OCCUR IN THE NEXT 3 MONTHS



You can prevent or modify measles without fear of side reactions

There's one sure way of silencing crying youngsters and nervous mamas who complain about reactions – specify Cutter Immune Serum Globulin – Human. Successful results with this product are not happenstance. They come from:

1. The right raw material – fresh venous blood from normal donors.
2. The water-clarity of a hemolysis-free and non-pyrogenic product.
3. The concentration of 160 mgm. per cc. of gamma globulin – maintains consistent globulin potency yet permits low volume adjustable dosage:

For prevention–
0.1 cc. Immune Serum Globulin
For modification–
0.02 cc. Immune Serum Globulin
} ***Intramuscularly, per pound body weight***

Prepare now for measles' peak season just ahead. Notify your pharmacist the amount of gamma globulin you expect to use—and specify Cutter.

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be prepared with–

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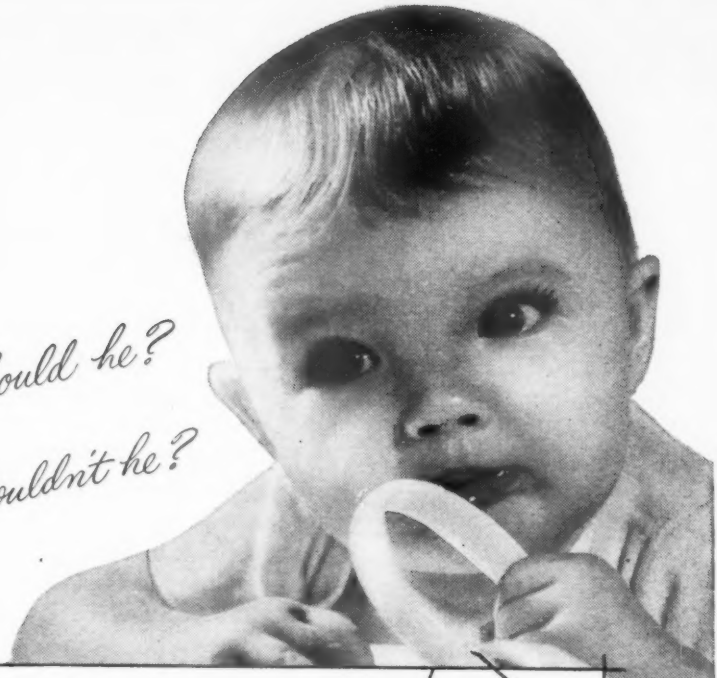
her guide. It is then that the test of the ethics course and the R.N. is demonstrated. Will she divorce herself from the rest of the profession and practice nursing aloofly independent of others? Will she find it difficult to distinguish between what constitutes the practice of medicine and the practice of nursing, especially if she finds herself working with a doctor who delegates his many routine jobs to his nurse so he may have more time for other things? Or will she be a nurse whose personal code of ethics combined with her professional code embodies the highest achievement in professional ethics?

Many of the arguments against a written code are valid, but in some instances the individual interpretation of our present unwritten code plays as much havoc as any written one could.

A recent letter received in the **R.N.** editorial office condemned a nurse as unethical for her act of allowing her name and picture to be used in a hand cream advertisement. This advertisement appeared in **R.N.** and another nursing magazine, as well as most of the leading slick magazines and newspapers in the country. We could have refused this copy from the advertiser but that wouldn't have gone to the core of the problem. The advertisement would still appear in print elsewhere and, according to some, the nurse would still be unethical.

After conversations with nursing leaders and rank and file nurses concerning this, we realized the amount of conflict on this one subject. Looking through 16 books on ethics in search of a decision on this problem we found not a word of guidance to nurses concerning the endorsing of advertised products. Finally, in the June, 1932 issue of *The American Journal of Nursing* reference was found to the publication of a pharmaceutical booklet which was illustrated by photographs of actual nurses. Although the nurses were not named, the hospital was. The official reply of the ANA Committee on Ethical Standards to a query on this was, "We should say that despite the example set by society women, even when only the name of the hospital is attached, it is a violation of the



☐ *Should he?*

☐ *Shouldn't he?*

How do you vote on teething rings? A teether's mother needs your answer to this and many other questions. For instance: what should a baby with a few teeth eat? Gerber's Junior Foods, uniformly chopped, make chewing easier.

Added plus: babies like the naturally good taste of Gerber's—including the delicious

NEW GERBER MEATS! They're Armour quality Beef, Veal, Liver. Junior and Strained.

Better transition from Strained to Junior Foods

1. Gerber's Junior Fruits, Vegetables, Combinations and Desserts come in the same size container as Strained. So baby can have *more* variety with *less leftovers.*

2. Gerber's New Meats (Strained and Junior) come in one size container, too. Make change-over easier. Cost less than home-prepared meats.

FREE! Samples of Gerber's Junior Foods plus meat analyses cards. Write to Dept. 352-9, Fremont, Mich.

Babies are our business... our only business!

Gerber's

BABY FOODS

Fremont, Mich.—Oakland, Calif.

3 CEREALS · 23 STRAINED FOODS · 18 JUNIOR FOODS

canons of good taste, and the ethical principles concerned are exposed to question." However, in some of the earlier and later issues of the *AJN* (the official publication of the nursing profession), advertising endorsements by R.N.'s appeared frequently. One in particular, a shoe advertisement, appearing in the February, 1922 issue, reproduced a letter written on the official stationery of the Field Nurses' Association, Department of Health, City of New York, signed by the Association's president. Another, a testimonial to a powder, appeared in four issues in 1928. More recently, in a 1946 issue, an R.N. mother endorsed a type of baby bottle.

Although the ANA Committee on Ethical Standards states such practices are open to question, it *did not conclusively* settle the issue. Therefore, it would seem high time to take a definite stand and decide one way or another. **R.N.** will welcome letters on this and related subjects and upon request will turn copies of these letters over to the ANA Committee on Ethical Standards.

There was a time in the profession's history when Dr. John Shaw Billings' advice: "You don't need a code of ethics—just be good women," was sufficient. But with professional complexities increasing, and with the admission of younger and more emotionally immature students whose character may not be fully developed, there would appear to be a definite need for a more clearly defined and tangible ethical code.

—ALICE R. CLARKE, R.N.

Why Not Psychiatry?

[*Continued from page* 47]

the care of the mentally ill. With the exception of one federal and two privately operated hospitals for the mentally ill, all the rest are in state hospitals. Including those of the 28 who take affiliates, there are at present 111 psychiatric affiliations available to student nurses. These are appalling figures. Add to them the fact that there are only 190 clinical instructors in psychiatric nursing in the U.S., and there is little wonder that nurses are bewildered and even afraid of nursing the mentally ill.

Advanced psychiatric nursing courses are offered at Catholic University of America, Washington, D.C.; Teachers College, Columbia University, New York, N.Y.; University of Pittsburgh, Pittsburgh, Pa.; Western Reserve University, Cleveland, Ohio; Wayne University College of Nursing, Detroit, Mich.; and the University of Minnesota, Minneapolis, Minn.

Nurses may obtain additional information about such courses through their state nursing organizations, state departments of health, or the National League for Nursing Education, 1790 Broadway, New York, N.Y.

Naturally, nurses desire an adequate salary. They want to make enough money to live *away* from the hospital grounds. They want and need some guarantee of future security. This is not unreasonable or mercenary. Psychiatric nurses, in

Which is more resistant to common infant skin irritants

...the continuous film of Mennen Baby oil?

...the discontinuous film of a baby lotion?

Recent tests by an independent research chemist[1], compare Mennen Baby Oil and a commercial baby lotion, as to their penetrability by common infant skin irritants.

These tests utilized a method originally devised by Schwartz, Mason and Albritton[2] for the evaluation of protective ointments. Film layers of 0.07 mm were achieved, to approximate as closely as possible oil film on infant skin.

The results of these tests, as reported in a leading medical journal[1], indicate:

1. Mennen Baby Oil was impenetrable for periods of *at least three hours* to common infant skin irritants: urine; acidic suspension of feces and aqueous solutions of acid and alkaline reaction.

2. The baby lotion, however, was universally penetrated by all these irritants within *60 seconds*. (The film formed by baby lotion established an aqueous phase between its upper and lower boundary, thus permitting immediate and facile penetration.

The findings also report:

Mennen Baby Oil: "The film of the baby oil ... is homogeneous in appearance."

Baby lotion: "Pictures show numerous jagged particles ... presumably traces of the stabilizing agent and other crystalline ingredients left after evaporation of the aqueous phase."

ELECTRON MICROPHOTOGRAPHS CONFIRM FINDINGS OF PENETRABILITY TESTS

Film of Mennen Baby Oil (0.21 mm), 20,000 X. *Note homogeneous character.*

Film of evaporated baby lotion (0.21 mm), 20,000 X. *Note breaks, irregularity.*

More than 3400 hospitals—the majority of those important in maternity work—use Mennen Baby Oil routinely in the nursery.

mennen baby oil

... provides continuous film to help protect better

Mennen Antiseptic Baby Oil • New Mennen Baby Oil with Lanolin

1. Elsner, H.—A Method for the Study of the Penetrability of Liquid and Semisolid Films Used In Skin Protection. Journal of Investigative Dermatology, Vol. 10, No. 4, April 1948. *Reprints upon request.*

2. Schwartz, L., Mason, H.S., and Albritton, H.R.—A Method for the Evaluation of Protective Ointments. Occupational Medicine 1:376-385 (April) 1946.

particular, need diversion, recreation. They need a five-day week—two days away from their jobs to dispel the sense of depression that frequently assails personnel engaged in this type of nursing.

The ideal set-up would enable the nurse to practice in other branches of nursing for some time out of each year. Unfortunately, the ideal situation is just a glimmer in the future. Fortunately, nurse educators, psychiatrists and interested lay people are becoming more and more cognizant of these problems and how they can be approached.

Psychiatry *is* a stimulating, interesting field. It is possible to see the so-called "hopeless case" go out of the hospital improved or recovered. Nurses who are in this field, and who have given it a fair chance, will tell you that there is nothing more satisfying than to work with these patients who are so desperately in need of good nursing care—care which is not now available to them.

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*Following her psychiatric experience in the ANC and at St. Elizabeth's, Washington, D.C., Miss Robinson majored in psychiatric nursing at Catholic University. After receiving her degree, she was appointed to her present position as head of the Psychiatric-Neurosurgical Nursing Division at the George Washington University Hospital.

¶ "PSYCHIATRIC AIDE OF THE YEAR" will again be picked by the National Mental Health Foundation. The $500 award goes to the hospital attendant found to have given the most outstanding service to mental patients during 1948. Hospital supervisory staffs send in nominations; selection is made by a board of top figures in the mental hygiene field.

Bibliotherapy

[*Continued from page* 38]

leisurely family chronicles for others; the lift of poetry and devotional anthologies for a few; and the escape of sheer romance for many.

There is no doubt that there is a distinct need for what an imaginative volunteer hospital worker has termed "bibliotherapy." Happy the patient who has a well chosen book which, in the gentle Quaker phrase, "speaks to his condition." Happy too the nurse who can find escape from her weariness, balm for her ruffled feelings, a new look for her old clothes, or meat for her hungry mind—all in books close at hand.

I remember one of our nurses telling how she was confounded by a distinguished patient who included her in her circle of well-informed visitors and blandly inquired, "and what, Miss X, is your opinion of the international situation?" A mild application of bibliotherapy taken in odd moments would have enabled her to respond with some degree of assurance.

The library in the nurses' home is the logical place to start a program. However, all too often it presents a poor stepping-stone. Are its shelves loaded with dated discards from the homes of members of the Ladies' Auxiliary? What magazines are available on the table in the living room? A few back numbers of popular magazines looking abashed by the presence of a quantity of sternly professional periodicals? Bibliotherapists, it seems to this grayhaired graduate,

for soft, fragrant hands that people admire...

Now you can have those well-groomed hands *On Duty* as well as *Off Duty*—in spite of the drying damage of frequent scrubbings, soap and water.

With **TRUSHAY** *that is.*

For TRUSHAY starts off by being the most luxurious softener that ever smoothed your skin—rich as cream—but without a trace of stickiness. It's sheer delight to use at any time.

And that isn't all.

For TRUSHAY does double duty with its unique "beforehand" extra. Smoothed on *before* frequent washings, TRUSHAY protects your hands even in hot, soapy water—guards the skin by helping to preserve its natural lubricants.

Begin today to use TRUSHAY—and when patients admire your well-groomed hands, tell them about the lotion with the

"beforehand" *extra—*

TRUSHAY

Product of BRISTOL-MYERS . 19 West 50 Street, New York 20, N. Y

would prescribe at least one of the plushy luxury magazines for the fun of their photography and the singular fact that they contain some of the significant experimental writing of the day. Then a dash of some of the glamor numbers that are slanted for the girl who earns her own living. They are not only practical and clever but encourage the working girl to make the most of her means. Also essential for well-balanced reading is the travel magazine and a good current events weekly.

If I were the bibliotherapist, I'd recommend that the nurses' library shelves include books which tell about a variety of people. It is important that nurses, dealing continually with people, understand the racial diversity that colors American life. I'd choose *A Clouded Star* by Anne Parrish, *Mrs. Herriot's House* by Barbara Webster and *Color Blind* by Margaret Halsey to interpret the Negro; *This Festive Season* by Jean Singer to speak for one's Jewish associates; and *Mount Allegro* by Jerry Mangione for any second generation of foreign born parents. *Mount Allegro* tells of an Italian family but the tensions and perplexities are universal to any transplanted nationality. This list, of course, is only suggestive. Additions could be made ad infinitum of books which are of value to a well rounded nurse's training. I wouldn't exclude frank escape literature nor the skillful "whodunits." The only danger they present, as with all therapies, is overdosage.

Nurses, like members of any other

"banish sick-room odors with air-wick"

PAT. NO. 2,326,672

Guaranteed by Good Housekeeping

Miss Mary Murphy, R. N., Los Angeles, California, writes: "I always insist on air-wick* to kill the odors of perspiration and elimination. It is only fair to patient, nurse and visitors to banish sick-room odors and keep the air clean-smelling with air-wick. I find that more and more nurses consider air-wick essential in the sickroom."

An amazing scientific discovery, air-wick contains more than 125 compounds as found in nature, as well as chlorophyll. Nothing to burn; nothing to spray. Simply uncap the bottle and pull up the wick.

*air-wick deodorizer and household freshener is fully protected by U.S. Patent...a trademark of Seeman Brothers, Inc., New York 13, N. Y.

TUMS relieve annoying hyperacidity—soothe, settle and sweeten your acid upset stomach. TUMS contain no baking soda—absolutely none! No danger of over-alkalizing. No unpleasant acid rebound. TUMS are easy to carry—handy roll fits neatly into any pocket or purse. And TUMS are extra easy to take. Just slip a TUM or two in your mouth same as you would candy mints. No mixing, no stirring! Be prepared with *almost instant* relief from acid indigestion—always carry TUMS.

Dear R. N. We will be delighted to send you without charge a professional sample of TUMS in a handy metal carrier. They will convince you. Fill in address below and send to

Lewis-Howe Co., Dept. RN, St. Louis (2), Missouri.
Send me professional sample of TUMS in carrier.

NAME _____

ADDRESS _____

profession or vocation, enjoy seeing themselves as writers see them. It would do any nurse good to read *Yeoman's Hospital* by H. R. Jordan, *Ward Twenty* by James W. Bellah and *The Happy Prisoner* by Monica Dickens. You will forgive Monica Dickens for her great grandfather's creation of "Sairey Gamp" when you read her novel.

Play reading too can be fun. A friend of mine in the theatre who is also a consultant on Adult Education tells me that this should be group recreation. Ideally, you get six or eight couples, no more, together in a room with good lights and comfortable chairs. A leader who has read the play through selects her "cast" and, without attempting to "act," you read the play together and have a hot discussion afterward. Here are some provocative plays: *The Hasty Heart* by John Patrick, *Our Town* by Thornton Wilder, *All My Sons* by Arthur Miller, *Deep Are The Roots* by James Gow and Arnaud d'Asseau, and *The Corn Is Green* by Emlyn Williams.

Try it and see if the principle of bibliotherapy applied in the nurses' home is not as valid as when applied to patients. Besides doing you a world of good, it might be fun!

Nurses couldn't marry in 17th century Warsaw, until they'd completed eight years of service in a hospital or doctor's home, after which they were required to obtain the consent of the council concerning their selected groom.

POSITIONS AVAILABLE

In accordance with a recent change in policy, all notices in Positions Available are now considered paid advertising. The rate per insertion is $5 for the first four printed lines, $1 for each additional line. Count six words per line. Copy must be submitted to **R.N.**, *Rutherford, N.J., by the 5th of the month preceding publication;* ***remittances must accompany insertion orders.***

ADMINISTRATOR: Modern small hospital; small town located in most attractive summer resort area of the White Mountain region. RN2-1. Burneice Larson, Palmolive Building, Chicago 11, Ill.

ADMINISTRATOR: 40-bed approved general hospital near New York City. Consider registered nurse with executive ability. Salary open. (N-197). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

ADMINISTRATOR: Registered nurse with supervisory experience for 14-bed general clinic hospital in attractive western location. $3,600, maintenance. (N-195). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

ANESTHETIST: Good nurse for small general hospital. Beautiful little city situated near Sound; one-hour ride from Seattle. Salary open, depending on experience and references. Apply Providence School of Nursing, Everett, Wash.

ANESTHETIST: 300-bed approved hospital in eastern university town. Salary $4,200 yearly. (N-346). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

ANESTHETIST: Modern general hospital, well staffed; one of the larger towns in Alaska; $4,500. RN2-2. Burneice Larson, Palmolive Building, Chicago 11, Ill.

ANESTHETIST: 200-bed approved hospital attractively located in north central college town. $4,200 yearly. (N-273). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

ANESTHETIST: Northwest. 300-bed approved hospital in progressive metropolis of 125,000. $4,000 yearly. (N-311). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

ASSISTANT DIRECTOR OF NURSES: Outstanding opportunity in 300-bed approved hospital in eastern medical center. $4,000, maintenance. (N-137). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

ASSISTANT DIRECTOR OF NURSES: South. Teaching hospital, conducting school for affiliates in psychiatric nursing; university medical center. RN2-7. Burneice Larson, Palmolive Building, Chicago 11, Ill.

ASSISTANT DIRECTOR OF NURSING SERVICE: Immediate opening. Staff and administrative experience required; college degree preferred; 44-hour week; salary open. Preferably 30-40 age group. Write Personnel Director, Aultman Hospital, 625 Clarendon Ave., S.W., Canton, Ohio.

ASSOCIATE DIRECTOR OF NURSING SERVICE: For 300-bed approved hospital, eastern college town. Degree and experience desired. $3,600, maintenance. (N-138). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

CLINICAL INSTRUCTOR: 100-bed approved hospital in college town near Chicago. $3,000, maintenance. (N-138). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

DIRECTOR OF NURSES: For 120-bed approved hospital expanding to 200 beds in popular Michigan summer resort region. $4,200, maintenance. (N-443). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

DIRECTOR OF NURSES: Approved 100-bed general hospital with accredited school. $4,200, maintenance. Attractive western location. (N-414). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

DIRECTOR OF NURSES: Florida resort. 200-bed approved hospital with accredited school. $5,000 yearly. (N-461). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

EDUCATIONAL DIRECTOR: Advisory and counseling duties for nursing schools in southeastern state; degree required. (N-154). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

EDUCATIONAL DIRECTOR: Large hospital; affiliate school, 300 students; experience with either tuberculosis or communicable diseases desirable; $4,500, increases. RN2-11. Burneice Larson, Palmolive Building, Chicago 11, Ill.

[Turn the page]

EDUCATIONAL DIRECTOR: For 200-bed approved general hospital with five-year collegiate program in attractive Chicago suburb. $3,600, maintenance. (N-164). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

EXECUTIVE SECRETARY: State Board of Nurse Examiners; duties consist of surveying and accrediting schools of nursing, formulating standards of nursing education, counseling; minimum, $4,000. RN2-12. Burneice Larson, Palmolive Building, Chicago 11, Ill.

GLNERAL DUTY NURSES: California opportunity. Urgently needed for new small hospital in San Joaquin Valley. Hospital is well equipped and town offers advantages and pleasantness of life in small community within easy travel distance of Oakland and San Francisco. 40-hour week; minimum starting salary $220. Qualified supervisors and nurses will have first choice and excellent chances to be considered by Administrator Consultant for advanced positions in three other California hospitals upon completion of construction in Fall, 1949. Write Administrator, Tracy Community Memorial Hospital, Tracy, Calif.

GENERAL DUTY NURSES: Modern tuberculosis hospital on Long Island, convenient to New York City. Rotating service; $220 a month plus full maintenance; cash allowance made for living out. Liberal sick leave; vacation and retirement plan. Apply to Director of Nursing, Nassau County Tuberculosis Hospital, Farmingdale, Long Island, N.Y.

GENERAL DUTY NURSES: West. Small general hospital operated by large industrial company; modern, splendidly equipped throughout; beautiful location. $292, maintenance. RN2-14. Burneice Larson, Palmolive Building, Chicago 11, Ill.

GENERAL DUTY NURSES: For Island of Hawaii. 50-bed general county hospital; 44-hour week; $262 less $30 for full maintenance. Fare refunded after one year. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

GENERAL DUTY NURSES: For county hospital, central California; 40-hour week; $258. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

GENERAL DUTY NURSES: Two. Modern, general hospital located in one of the largest cities in Alaska; $240. RN2-13. Burneice Larson, Palmolive Building, Chicago 11, Ill.

GENERAL STAFF NURSES: For university hospital. Positions in operating rooms, surgical, medical, neuro-psychiatric and tuberculosis nursing units. 5-day, 40-hour week; hospital day begins at 8 A.M. All university holidays with pay; 12 days' illness with pay and 12 days' paid vacation yearly. Salary full cash basis. Rotating hours of duty $205 per month minimum, $215 maximum. Additional $5 per month for permanent evening or night duty. Promotion to nursing unit administrative positions made from general staff. Room charge $20 per month for nurses desiring to

live in nurses' residence. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GRADUATE NURSES: Needed for general duty in operating room, obstetrical department, medical and surgical floors. Apply Bismarck Hospital, Bismarck, N.D.

GRADUATE NURSES: Positions in various hospitals in Wisconsin. Salary $230 per month for experienced nurses; $190 for inexperienced; paid vacations; sick leave; retirement; registration or eligibility therefor required. Apply Bureau of Personnel, State Capitol, Madison, Wis.

HEAD NURSES and GENERAL DUTY NURSES: For 650-bed tuberculosis hospital located 15 miles south of St. Louis. Gross starting salary: head nurses $265 per month; general duty nurses $250 per month; yearly increments granted; full maintenance if desired at $48 per month. 44-hour week; three weeks' annual vacation; 11 holidays a year; accumulative paid sick leave after 60 days' employment; must be eligible for Missouri registration. Apply Superintendent of Nurses, Robert Koch Hospital, Koch, Mo.

INDUSTRIAL NURSE: Chicago area. Preferably one interested in career in industrial nursing; duties include home visiting and first aid. RN2-15. Burneice Larson, Palmolive Building, Chicago 11, Ill.

INSTRUCTOR: Science. General hospital having expansion program; large city in United States dependency; around $300. RN2-18. Burneice Larson, Palmolive Building, Chicago 11, Ill.

INSTRUCTOR: East. Nursing arts; voluntary hospital, nearly 300 beds; 100 students; commuting distance to two universities. RN2-20. Burneice Larson, Palmolive Building, Chicago 11, Ill.

LABORATORY and X-RAY TECHNICIAN: Midwest. Completely equipped clinic. Man or woman; must be member of ASCP; salary $300 a month to start. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

LABORATORY TECHNICIAN: Southern California. 200-bed county hospital in delightful beach resort city; 44-hour week; $245, maintenance. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

MEDICAL RECORDS LIBRARIAN: South. Two needed; one must be registered; other working toward it. Starting salary for registered $225 with increase to $250 at end of 90 days, $275 at end of first year. Assistant's salary $25 less. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

NURSES: Salary $221 to $269; maintenance deduction $31; three weeks' vacation; sick leave; pension; 12 holidays; 48-hour week; divided hours; rotating shifts. Requirements: Wisconsin registration, under 50 years. Send picture with first inquiry. Apply Supt. of Nurses, Wisconsin State Sanatorium for Tuberculosis, Statesan, Wis.

[Turn the page]

There are Good Positions Waiting for You!

ANESTHETIST: 66-bed hospital in midwest. Want someone experienced and capable. Salary $280 and full maintenance; will have her own newly furnished room in nurses home two blocks from hospital.

DIETITIAN-HOUSEKEEPER: For modern 36-bed hospital in east. Salary open.

EDUCATIONAL DIRECTOR: Midwest. Salary to $300 and maintenance. 120 beds, 28 bassinets; new and modern nurses home.

GENERAL DUTY NURSES: West Coast. 125-bed general hospital; $190-210 start, increases; 5-day, 40-hour week; want competent nurses.

HEAD FLOOR NURSE: Midwest. To $235 starting salary; prefer employees live out; deductions if live in. 44-hour week.

SHAY MEDICAL AGENCY
55 East Washington Street
CHICAGO 2, ILLINOIS

NURSING ARTS INSTRUCTOR: Near East. 130-bed approved hospital with accredited nursing school. $3,600, maintenance. (N-221). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

OBSTETRICAL SUPERVISOR and ASSISTANT SUPERVISOR: 400-bed hospital in western New York State. Obstetrical division 65 beds. Responsible for administration of division and instruction of student nurses. Salary open. Apply Rochester General Hospital, Rochester, N.Y.

OBSTETRICS SUPERVISOR: Private general hospital, industrial town near Los Angeles; 40-hour week; $235, maintenance. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

OPERATING ROOM NURSE: Salary open. Also general duty nurses for medical, surgical and obstetrical departments. 50-bed hospital located in university city, central Ohio; vacation; sick leaves and full maintenance allowed. Apply Superintendent, Jane Case Hospital, Delaware, Ohio.

O. R. SUPERVISOR: Florida. 9-room operating suite; teaching done by clinical instructor on full time duty. PG desirable. $305, maintenance reasonable. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

PSYCHIATRIC SUPERVISOR: Western hospital connected with medical school; 20-bed section; up-to-date department; $225. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

PUBLIC HEALTH NURSE: West. To direct children's clinic; university medical center; $4,200. RN2-21. Burneice Larson, Palmolive Building, Chicago 11, Ill.

REGISTERED NURSES: All services or shifts in 150-bed general hospital. Straight 8-hour, 44-hour week; vacation and sick leave with pay. Beginning $8 per day; $8.60 per evening or night. Inexpensive rooms in vicinity. Write Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

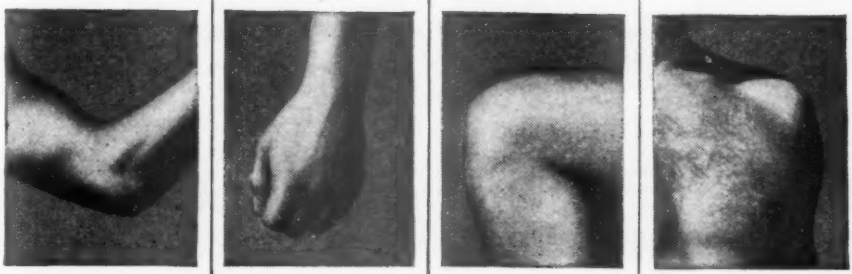
REGISTERED NURSES: For new floors; exceptional opportunity in new building. 44-hour week; beginning salary $200 per month; regular increase every six months; liberal paid vacation, holidays and sick leave; meals and room available in new nurses' home at low cost. Write Director of Nurses, Mount Sinai Hospital, Chicago 8, Ill.

SCIENCE INSTRUCTOR: Southwest winter resort. 200-bed approved hospital with accredited nursing school. $3,200, maintenance. (N-153). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

STAFF NURSES: Starting salary $180 plus meals and laundry; 5½-day week; $20 additional for evening and night duty; 12 days' sick leave; holidays; two weeks' vacation first year, three weeks thereafter. Desirable living quarters available. Apply Director of Nurses, Englewood Hospital, 6001 South Green St., Chicago 21, Ill.

STAFF NURSES: Starting salary $2,640 a year including maintenance; 8-hour day;

Beyond the reach of human fingers



Beneficial effects may be exerted, not just locally but systemically, "beyond the reach of human fingers" in such conditions as arthritis, myositis, muscle sprains, bursitis and arthralgia. That systemic as well as local effects may be achieved by such preparations as Baume Bengué was conclusively demonstrated by the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott.

LOCALLY—*at the site of discomfort analgesic relief and a beneficial hyperemia may be readily induced.*

SYSTEMICALLY—*the salicylate absorption promoted by Baume Bengué's methyl salicylate concentration produces systemic effects to reinforce other indicated therapeutic measures.*

Baume Bengué provides 19.7% *methyl salicylate,* 14.4% *menthol in a specially prepared lanolin base.*

Baume Bengué ANALGÉSIQUE

THOS. LEEMING & CO., INC., 155 E. 44th ST., NEW YORK 17

yearly increases to $3,200; liberal vacation and sick leave; pension plan; pleasant living quarters; maintenance charge $480 a year. Apply Superintendent of Nurses, Essex County Sanatorium, Verona, N.J.

STAFF NURSES: For new, modern 65-bed hospital; 8-hour day; rotating shifts; beginning salary $175 per month with full maintenance; increased at three months. New nurses' home; single rooms with bath; very mild climate. Apply Superintendent of Nurses, Ritch-Leaphart Hospital, Jesup, Ga.

STAFF NURSES and SUPERVISORS: Unique opportunities in progressive program for psychiatric patients. Modern nurses' home; many recreational facilities; excellent educational program. Promotional opportunities; automatic increases; maintenance optional; liberal vacation and illness policies; hospital and group insurance; 8-hour day, no split shifts; 11 holidays. Graduate nurse $2,340-$2,700; head nurse $2,580-$2,940; supervisor $2,820-$3,420. Apply Director of Nursing, Norwich State Hospital, Norwich, Conn.

SUPERINTENDENT OF NURSES: North. For general hospital of 107 beds, 24 bassinets. $280; increases in six, 18, 30 months; four weeks' vacation. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

SUPERVISOR: For medical and surgical floor of 56 patients in 240-bed hospital; located near Philadelphia. Write Director of Nursing, Montgomery Hospital, Norristown, Pa.

SUPERVISOR: East. Outpatient; new hospital, unit of university group; $300 with eventual advancement to $500. RN2-27. Burneice Larson, Palmolive Building, Chicago 11, Ill.

SUPERVISOR, OBSTETRICAL: Full charge of all units in department. 100-bed approved hospital attractively located in midwest college town. $3,250, maintenance. (N-117). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

SUPERVISOR, OPERATING ROOM: To head large department in 400-bed southern hospital. Must be well qualified. $3,600, maintenance. (N-228). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

SUPERVISOR, PEDIATRIC: Full charge pediatric department in 400-bed California hospital. Postgraduate work required; some college. $3,000 minimum. (N-109). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

SUPERVISOR, SURGICAL FLOOR: Charge 45-bed department in 150-bed approved hospital Chicago suburb. $2,750, maintenance. (N-101). Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago 1, Ill.

SURGERY SUPERVISOR: Private general hospital in Central California; $275. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

SURGICAL NURSE: Midwest. Small hospital; $220 or more; board at hospital $30 a month. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

SURGICAL NURSE and GENERAL DUTY R.N.'s: Experienced. 26-bed general hospital; salary $200; additional $10 afternoon, evening shifts and operating room; 44-hour week; seven holidays; 14 days' sick leave; 14 days' vacation. Apply to Superintendent, Memorial Hospital, 528 Morris Ave., Elizabeth, N.J.

X-RAY TECHNICIAN: Southwest. Woman only; well trained, competent; $250 to start. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

R.N. does not conduct a placement bureau, but merely lists available openings. To apply, write directly to address given in ad. If no address appears, send application to correct box number, care of Positions Available Editor, R.N., Rutherford, N.J.

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The right dressing, that is. For cuts and scratches, burns and abrasions, chafing, athlete's foot, and other minor skin irritations, it's

B•F•I® powder.

Write today for a free sample!

Sharp & Dohme, Box 7259, Philadelphia 1, Pa.
Gentlemen: Without charge, please send me a clinical trial package of B•F•I Antiseptic First-Aid Dressing and Surgical Powder.

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City_____ Zone_____ State_____

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EXTERNAL COD-LIVER OIL THERAPY

USED EFFECTIVELY IN THE TREATMENT OF
Wounds, Burns, Ulcers, especially of the Leg, Intertrigo, Eczema, Tropical Ulcer, also in the Care of Infants.

Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petrolatum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces *stabilization* of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities, Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

Desitin Ointment is absolutely non-irritant; it acts as an antiphlogistic, allays pain and itching; it stimulates granulation, favors epithelialisation and smooth cicatrisation. Under a Desitin dressing, necrotic tissue is quickly cast off; the dressing does not adhere to the wound and may therefore be changed without causing pain and without interfering with granulations already formed; it is not liquefied by the heat of the body nor in any way decomposed by wound secretions, urine, exudation or excrements.

DESITIN POWDER

Indications: Minor Burns, Exanthema, Dermatitis, Care of Infants, Care of the Feet, Massage and Sport purposes.

Desitin Powder is saturated with cod-liver oil and does not therefore deprive the skin of its natural fat as dusting powders commonly do. Desitin Powder contains Cod-Liver Oil, (with the maximum amounts of Vitamins and unsaturated fatty acids) Zinc Oxide and Talcum.

Professional literature and samples for Physicians' trial will be gladly sent upon request.

Sole Manufacturer and Distributor in U. S. A.

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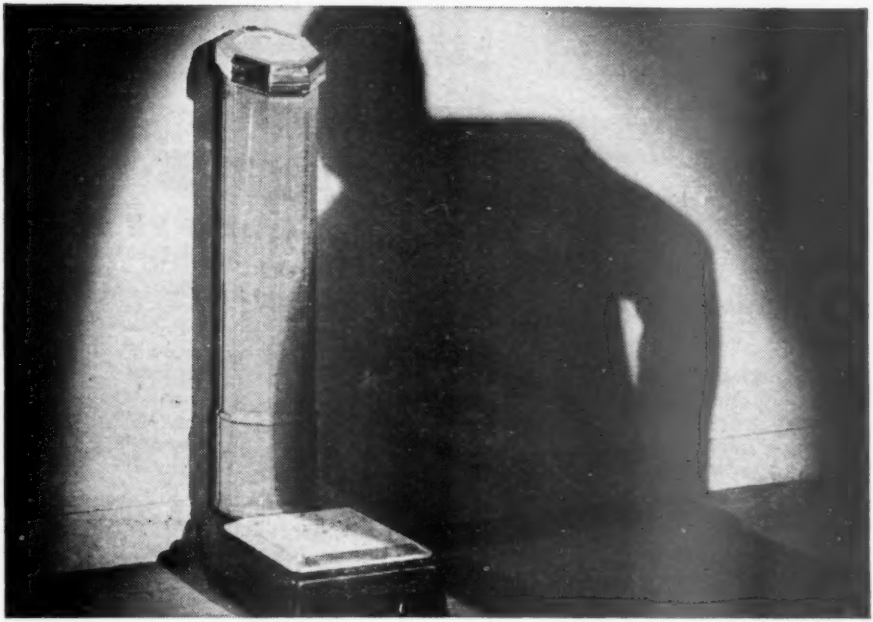
Why Obesity?



The growing realization that weight control is a prime factor in longevity has led to fresh approaches in the continuing study of obesity.

The Sugar Research Foundation is supporting investigations on the metabolism of sugars and their optimum use as combined in the normal and therapeutic diet. Investigation also is being made of the mechanism by which the body may transform fat to carbohydrate, and vice versa.

Preliminary studies indicate that molds of the genus fusarium are capable of converting carbohydrate to certain fatty substances in substantial amounts. This may open the door to obtaining scarce fats from plentiful carbohydrates such as sugar.

Information about this phase of the Foundation's research program and an outline of projects in physiology, medicine, chemistry, biology and food technology are available on request.

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1 Follis, R. H., Jackson, D., Eliot, M. M., and Park, E. A.: *Am Jour Dis. Child.*, 66.1, July, 1943.
2 Stearns, G.: *Jour. Lancet*, 63.344, Nov., 1943